

Emergency Contact and Healthcare

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Alberta Health Care #: _____

Allergies/ Health Concerns: _____

Parent/Guardian Consent and Release

I/We, the parent(s)/guardian(s) of the above named registrant, hereby give my/our approval to his/her participation in any and all of the activities of the Little League during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/We do further hereby release, absolve, indemnify and hold harmless the FOOTHILLS LITTLE LEAGUE, sponsors and supervisors, any or all of them. In the case of injury to the registrant, I/We hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/We likewise waive, to the extent not covered by liability insurance, any claim against any person transporting the registrant to or from activities. **I/We will furnish a certified birth certificate and Alberta Health Care (i.e. photocopy) as proof of the named candidate upon request of League Officials.**

Signature of Parent/Guardian

Date

League Official

For League Administration

Receipt Number: _____ Date: _____ Amount: _____

League Age as of May 1st of this year: _____