

KELOWNA MINOR BASKETBALL ASSOCIATION MEDICAL WAIVER

Name O	i Participan	τ:	
Gender:	M	F	Date Of Birth:
Care Car	rd #:		
Name O	f Parent / G	uardian:	
Parent /	Guardian Pl	hone #: _	
Emerger	ncy Contact	Name: _	
Emerger	ncy Contact	Phone #	:
Please Ir	ndicate Any	Current	Medical Condition:
Please Ir	ndicate All l	Prescript	ions That You Are Taking:
1. I s s A 2. I iii 3. I a n c	hereby co on/daughter Association hereby con njury or oth hereby ad dministered naker in ad onditions co	onsent to r's involution. Leagur nsent to er medic cknowled to exce ecordance ontained	the release of medical information to the KMBA in any event of all emergency. Ige that no treatment or procedure referred to above will be ept with the consent by myself or appropriate substitute decision e with appropriate legislation and with the same limitation and
Pare	nt / Guardia	n Signat	ure:
Date			