

F.B.A.O. JUNIOR DEVELOPMENT REGISTRATION FORM

REGION _____ LEAGUE _____ TEAM _____

PLAYER'S NAME _____ DoB ___d___/___m___/___y___

ADDRESS _____ CITY _____

POSTAL CODE _____ PHONE # _____

EMAIL ADDRESS _____

New Players must provide a copy of their birth certificate. Returning players, previously registered as an FBAO member do not need to resubmit a copy. Please check below:

NEW PLAYER _____ RETURNING PLAYER _____

OHIP HEALTH CARD NUMBER _____

ADDITIONAL/EXTENDED HEALTH COVERAGE # _____

POLICY NAME & HOLDER'S NAME _____

MEDICAL INFORMATION:

PHYSICIAN _____ PHONE # _____

ALLERGIES OR OTHER MEDICAL PROBLEMS _____

IN CASE OF AN EMERGENCY NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____

CONSENT IN CASE OF AN EMERGENCY:

I hereby authorize emergency medical treatment or surgical treatment for myself or my son/daughter/ward if such treatment is required.

SIGNATURE _____ WITNESS _____

(SIGNATURE OF PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18) DATE _____

I hereby declare that the foregoing information is true and complete to my knowledge. Those signing this form release the FBAO and its Officials from any responsibility due to accident and agree to abide by the Constitution, By-laws, Rules and regulations of the Federation of Broomball Associations of Ontario. The above information is collected solely for the use of the FBAO and its affiliated teams and coaches and will not be released to any outside organization or person.

PLAYER'S SIGNATURE _____

PARENT'S SIGNATURE _____

(IF PARTICIPANT IS UNDER 18) DATE _____