



# Power Zone Academy

## Contact Information & Medical Release Form (Please complete a separate form IN FULL for each player)

Player Information											
Player Name:		Date of Birth:		Gender:		Parent Name(s)					
				M <input type="checkbox"/>	F <input type="checkbox"/>						
Address:		City:		Prov.:		Postal Code:					
Phone # (H):		Phone # (W):		Phone # (C):							
Email:		Primary Position:		Bats:	R <input type="checkbox"/>	L <input type="checkbox"/>	Throws	R <input type="checkbox"/>	L <input type="checkbox"/>	Sport:	<input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Slow Pitch
Emergency Contacts: (please provide two)											
1. Name:		Relationship:		Email:							
<input type="checkbox"/> Check box if contact information is the same as above											
Address:		City/Prov.:		Postal Code:							
Phone # (H):		Phone # (W):		Phone # (C):							
2. Name:		Relationship:		Email:							
<input type="checkbox"/> Check box if contact information is the same as above											
Address:		City/Prov.:		Postal Code:							
Phone # (H):		Phone # (W):		Phone # (C):							
Medications/Medical Conditions/Allergies:											
<i>(Please list all medications and medical conditions that would be necessary for us to have access to in case of medical emergency)</i>											
Medical Condition(s):											
Medication(s):											
Special Instructions:	(i.e.: EpiPen, 9-11, other)										
Family Doctor Name/Practice:				Phone #:							
Medical Services Plan Number:											

To the best of my knowledge, the above mentioned player is in good health and is physically able to participate in all activities and I agree to inform Power Zone Academy Inc. (PZA) staff prior to participation if there is a change in health conditions. I agree to allow my child to participate in PZA programs and acknowledge that certain risks of injury are inherent in participation. I release the instructors, coaches, management, employees and directors of PZA from any claim arising from my child's participation. As well, I give the instructors, coaching staff, managers and any officers of PZA complete authority to act on my behalf in case of emergency and release the afore mentioned from any claim arising from a situation in which they acted in my child's best interests.

	<b>X</b>	
Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date

