

# INFORMED CONSENT AGREEMENT

Name of athlete \_\_\_\_\_

Club \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

Gender:  M  F \_\_\_\_\_

Coach \_\_\_\_\_

Manitoba Medical Number \_\_\_\_\_

Athlete has enrolled in the School Accident Coverage Plan ?  Yes  No

Other coverage: \_\_\_\_\_

### Emergency Contacts

Name

Work telephone #

Home telephone #

1. \_\_\_\_\_

2. \_\_\_\_\_

**Medical conditions which might be aggravated by or which may limit participation in wrestling or other events (explain in detail including treatment required).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Head injury:** Has your son/daughter previously sustained a head injury ?  Yes  No

If yes, have they received medical clearance to resume activities ?  Yes  No

### Permission to participate:

(i) I/We  give permission  do not give permission to participate in the following activity:

\_\_\_\_\_

(ii) I/We give permission for \_\_\_\_\_ to participate in \_\_\_\_\_

Athlete's name

Event name

at \_\_\_\_\_

Location

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date