

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