



COCHRANE HIGH SCHOOL COBRA BADMINTON TEAM



INFORMATION/RELEASE FORM

*****Please fill in the following form and return it with your payment to:
Mr. Crawford before the last practice day of March.**

Athlete's Name _____

Birth date (month and year) _____

Alberta Health Care Number _____

Athlete's Phone Number(s) Home _____ Cell _____

Athlete's Email Address _____

Parent(s)/Guardian(s) Names _____

Parent/Guardian Cell Number(s) _____

Parent/Guardian Email Address(es) _____

Allergies/Medical Considerations to be noted

EMERGENCY CONTACT PERSON IF PARENTS/GUARDIANS ARE NOT AVAILABLE

Name _____ Phone _____

WAIVER

I (we), the undersigned give (child's name) _____
permission to participate on the Cochrane High School Badminton Team.

Date _____

Signature(s) _____
