

**Burnaby & New Westminster Secondary Schools Athletic Association
(BNWSSAA)**

Alpha Secondary School
Athletic Consent and Medical Form

Dear Parents/Guardians:

_____ has indicated that he/she intends to participate on the
(Student's Name)

_____ team. Please complete this form and return
(Team Name)

it to _____.
(Coach/Sponsor)

Please indicate any medical restrictions that may affect this student's performance in this activity. (e.g. asthma, previous concussions, fractures, heart conditions, diabetes, sprains and strains, allergies, etc.)

Special requests and/or information:

Student Information (Please print the following information clearly)

Home telephone number: _____ Parent's work telephone: _____

Parent's cell phone number: _____

In case of emergency, contact: _____ at

telephone number: _____

Student's Care Card Number: _____

Doctor: _____ Telephone: _____

Dentist: _____ Telephone: _____

*I hereby give my permission for _____ to participate in the above
(Student's Name)
named activity and agree to the conditions listed on the reverse side of this form.*

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date