

**Burnaby & New Westminister 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