



Athlete's Consent & Information Form

Name of child:	
Birthdate:	
Medicare #:	
Medical Concerns:	
Homeroom Teacher:	
Parent/Guardian:	
Address:	
Phone Number(s):	
Email:	

I have read the MCS Athletics Handbook and give consent for _____
(child's name)
to participate in _____ (team) at Meduxnekeag Consolidated School.

Parent's Signature: _____

Player's Signature: _____

Please Note:

*Payments can be made directly online at <http://anglophonewest.schoolcashonline.com/>

*Player fees must be made prior to the player receiving their uniform and/or attending the first game. It is possible that additional fees may be incurred throughout the seasons.