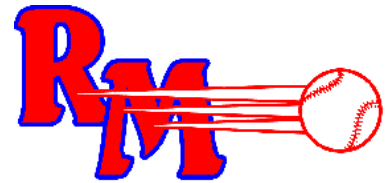


***Ridge Meadows Minor Softball Assn.
Player Emergency Information***



Name:		Photocopy of Care Card Or Birth Certificate	
Address:			
Ph:			
Softball BC #:			
Care Card #:			
Extended Care Coverage #:			
Medical Conditions:	-----		
Emergency Contact Name:		Ph:	
Parents Name:		Cell:	

Photo of Player
