



CHESTERMERE UNITED FC



Medical Form

Players Name		Age Group	Date of Birth	Gender
Alberta H/care #	Other Insurance #	Address		

<i>Does the player have or ever had any of the following:-</i>					
Condition	Yes	No	If 'Yes' - please say when & give details	Dates	
Concussion					
Broken bones					
Ligament Damage					
Heart Condition					
Asthma					
Allergies (environmental)					
Allergies (Food)					
Allergies (Drugs)					
Medication					
Other					
<i>How can you be reached in an emergency?</i>					
	Name	Phone	Cell Phone	Work Phone	Email
Mother					
Father					
Other					

In a medical emergency:-

I/we _____ the parent(s)/guardian(s) of _____ authorize Chestermere United FC (Coaches, Team managers or Club Officials) to take my child to the closest hospital for treatment or call the Emergency Services if necessary.

Sign here: _____ Date: _____