



CUFC MEDICAL FORM



PLEASE 'PRINT' AND RETURN TO THE TEAM MANAGER

All players **MUST** complete and submit a CUFC Medical Form at the time of registration.
Players will **NOT** be permitted to play without submitting a signed Medical Form.

Players Name		Team	Date of Birth	Gender
Alberta H/care #	Address			

Does the player have or ever had any of the following:-				
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				

How can you be reached in an emergency?					
	Name	Phone	Cell	Work	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: _____