



# CUFC MEDICAL FORM 2021



**PLEASE RETURN TO:- [cufcinfo@gmail.com](mailto:cufcinfo@gmail.com)**

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 (if known)	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				
COVID-19				
Other				

How can you be reached in an emergency?				
	Name	Phone/Cell	Phone - 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: \_\_\_\_\_