



Wilmot District Soccer Club Medical Information and Release Form

1.	Player's Name:	
	Address:	
	Phone #:	
	Date of Birth:	
	Health Card #: (optional)	
2.	Parent/Guardian Contact:	
	Address:	
	Phone #:	
3.	Emergency Contact:	
	Address:	
	Phone #:	
4.	Doctor's Name:	
	Address:	
	Phone #:	
5.	Medical Information:	List any allergies or other information that would be helpful in the case of an emergency.
6.	Additional Information that the coach should be aware of:	

I understand that it is my responsibility to keep the coach/assistant coach of my son/daughters team advised of any change in the above information as soon as possible. I also understand that in the event of an emergency, and no one can be contacted, Wilmot Soccer personnel will arrange to take my son/daughter to the hospital/physician if deemed necessary.

Therefore, I authorize the qualified medical staff (physician/nurse) to undertake examination, investigation and necessary treatment of my son/daughter.

The above information is protected under the Personal Information Protection and Electronic Documents Act, and will only be released to the appropriate team personnel.

Parent/Guardian (Please Print)

Parent/Guardian (Signature)

Pursuant to the Municipal Freedom of Information and Protection of Privacy Act & Copyright Canada Act, I consent to the use and/or disclosure of the player name and/or photos in WDSC Newsletter/website and/or local newspaper. (Please Circle One)

YES

NO

If you have any concerns relating to the safety of your child with respect to use of this information, please speak to your coach. **Note:** that you may revoke this consent at any time.

Parent/Guardian (Please Print)

Parent/Guardian (Signature)