



# Georgetown Soccer Club Medical Information and Waiver Form

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Guardian Information

Name: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone \_\_\_\_\_

Are there any medical problems which the coach or team official should be made aware of in case of an injury:

Yes                      No

If yes, please provide information:

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## The Georgetown Soccer Club

Assumes no responsibility for any injury which your child may incur during his/her participation during the season. In the event that an injury requiring medical assistance does occur, by signing below, you authorize the coach or team officials to allow whatever medical attention is required from a doctor or qualified medical personnel and waive any liability against said coach or team official and the Club and its members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian (Player if 18 Years or Older)