3370 South Service Rd., Suite 200/201 Burlington, ON L7N 3M6

BURLINGTON SOCCER CLUB PLAYER EMERGENCY INFORMATION FORM

Players Name: _____ **DOB:** _____

Address: _____

Phone #: _____

Emergency Contacts

Mother/Guardian: _____ **Father/Guardian:** _____

Phone #: _____ **Phone #:** _____

Cell #: _____ **Cell #:** _____

Alternate Contact(s)

Name: _____ **Relationship:** _____

Phone #: _____ **Cell #:** _____

Family Doctor: _____ **Phone #:** _____

MEDICAL INFORMATION

** This information is being provided voluntarily in accordance with the BSC Privacy Policy.

Is player allergic to medications? If so please list.

_____

Does player have other allergies (i.e. bee sting, food environmental, etc.)? If so please list.

_____

Does player suffer from any serious illnesses? (Please check)

☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Other (please specify) _____

Does player take any regular medications(s)? If so please list.

_____

Does player wear contact lenses, glasses? _____

Does player take any regular medications(s)? If so please list.

_____

Previous Injuries / Concussions (please include dates):

_____

Signature: _____ **Date Signed:** _____