



Kickin' it with Burli



Burlington Soccer Club Participant Information Sheet To be completed and returned the 1st day of program

Participant Info

First name: _____ Last name: _____ Age: _____
Address: _____ City: _____
Home phone: _____ Email: _____

Emergency Contacts & Pickup Arrangements

1. Name & Relationship to participant: _____
Home phone: _____ Alternate Number: _____

	YES	NO
Legal guardian		
Legal Custody		
Access to records		
Access to participant		
Able to pick participant up		

2. Name & Relationship to participant: _____
Home phone: _____ Alternate Number: _____

	YES	NO
Legal guardian		
Legal Custody		
Access to records		
Access to participant		
Able to pick participant up		

3. Name & Relationship to participant: _____
Home phone: _____ Alternate Number: _____

	YES	NO
Legal guardian		
Legal Custody		
Access to records		
Access to participant		
Able to pick participant up		

Notes: _____

Signature of parent/guardian: _____

Signature of staff witness: _____



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Health conditions

Severe allergy AND/OR serious illnesses (list): _____

If participant has an allergy, please ensure that a medical consent form is filled out.

Does participant have:

	YES	NO		YES	NO
Medical Alert			Diabetes		
Cardiac Condition			Epilepsy		
Epi-Pen			Participant needs extra support		
Asthma			Medication		

Previous injuries/concussions (please include dates): _____

Photo Release

To: Burlington Soccer Club

Name of participant: _____

Relating to: _____

In consideration of recognition, I, the undersigned, authorize the Burlington Soccer Club to:

	YES	NO		YES	NO
Record the name			Make audio recordings		
Photograph			Make film/video recordings		
Interview			Other, specify:		

Of the subject individual and to release, distribute, post, publicize or broadcast these records, with the following restrictions:

Restriction on activities: _____

Print Name: _____ Signature: _____

Relationship to individual: _____

Signature of city staff witness: _____

Date: _____

Signature of parent/guardian: _____

Signature of staff witness: _____