Deep River and Area Minor Soccer Club
(A CORPORATION WITHOUT SHARE CAPITAL)
PLAYER MEDICAL FORM

Player Name:
Date of Birth:
Address:
Parent/Guardian Name:
Home phone number: Work phone #: Cell phone #:
Name of Doctor:
Emergency contact (different from above): Emergency contact phone number(s):

Medical Information

Health Card No.:
Allergies:
Medications: Does player carry own medication? Who will administer medication?
Other medical conditions?
Previous injuries in past two years:
Warning: There is a potential risk of injury for any individuals involved in training and participating in any sport. The Ontario Soccer Association has tried to create a safe and controlled environment for safe participation. The club, coach and referees have established rules in conjunction with FIFA for participation and conduct on and about the area that should be followed.

Parent/guardian signature: Date: **2011**

Parent/guardian signature: Date: **2012**

Parent/guardian signature: Date: **2013**

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