

**WINDSOR F.C. NATIONALS SOCCER CLUB
MEDICAL INFORMATION AND RELEASE FORM**

Player Information (please print)

Name (Last) _____ (First) _____ (M) _____		
Date of Birth (D) ____ (M) ____ (Y) _____		Phone _____
Address _____		City _____ Postal Code _____
Ontario Health Insurance (Yes) ____ (Number) _____ (No) ____		
Out of Province Medical Insurance (No) ____ (Yes) ____ (Policy No.) _____		
Company / Insurer _____		(Phone) _____
Family Doctor _____		(Phone) _____
Year of last Tetanus shot _____ Medicines taken & dosage _____		
Medical Allergies _____ Medical Problems _____		
<i>Please use the back of form if additional space is required.</i>		

Parental / Guardian Information

Name (Last) _____ (First) _____		
Relationship to Player _____		Phone _____
Address _____		City _____ Postal Code _____

Alternate Person to Notify if Parent / Guardian is Not Available

Name (Last) _____ (First) _____		
Relationship to Player _____		Phone _____

Medical Release

As the parent or legal guardian of _____, a minor, I request that in my absence, the named player herein be admitted to any hospital or medical facility or clinic for diagnosis and treatment. I request and authorise physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic or x-ray procedures, any treatment or operative procedures to the named player herein, a minor. I acknowledge that I will not be given a guarantee as to the results of any examination or treatment. I authorise the hospital or medical facility or clinic to dispose of any specimen or tissue taken from the named player herein.	
_____ Signature of Parent / Legal Guardian	_____ Date

Sworn to and Notarised by Notary Public

This medical release is Sworn to and signed before _____	Notary Public Seal
Notary Public in and for the Province of Ontario, County of Essex this _____ day of _____, 20____	