KOOTENAY EAST YOUTH SOCCER ASSOCIATION (KEYSA)

Player Medical History and Waiver Form

Player Information

NAME: _____ Date of Birth: _____

BC Care Card Number: _____ MALE ☐ FEMALE ☐ (circle one)

Address: _____ Player Card #: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Information

Parent/Guardian: _____ Phone: _____ Cell: _____ Email: _____
Parent/Guardian: _____ Phone: _____ Cell: _____ Email: _____
Physician: _____ Phone: _____ Dentist: _____ Phone: _____

Relevant Medical History and Record of Illness

Allergies: _____ Year of last tetanus shot: _____

Previous Injuries: _____

Regular Medications: _____

Does the participant carry and know how to administer his or her own medications? _____

Record of Illness (check those which have occurred at any time):

☐ Recurring Headaches ☐ Seizures ☐ Blackout (loss of consciousness) Date: _____

☐ Head Injury/ Concussion Date(s): _____

☐ Asthma Does player have/use a puffer or other treatment? _____ Independently? _____

☐ Diabetes Does player use insulin/hypoglycemic treatment? _____ Independently? _____

☐ Does player use eyeglasses? _____ Contact Lenses? _____

☐ Other illnesses or surgery (specify) _____

Parental Acknowledgement and Agreements

1. I, the parent or guardian of the registrant, a minor, agrees that the registrant and I will abide by the rules and policies of the Kootenay East Youth Soccer Association (KEYSA), the British Columbia Soccer Association (BCSA), the Canadian Soccer Association (CSA), and their affiliated organizations and sponsors.
2. I recognize the possibility of physical injury associated with soccer, and in consideration for KEYSA accepting the registrant into soccer programs and activities (the "Programs"), I hereby release and/or otherwise indemnify KEYSA, its affiliated organizations and sponsors, their employees and associated personnel (whether paid or volunteer), as well as the owners of the fields and facilities utilized for its Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.
3. I hereby represent and certify that the age of the registrant listed above is correct, and the registrant is physically fit to engage in the physically demanding contact sport of soccer.
4. CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

I represent that I am the parent or legal guardian of the above-named registrant and that I have read and understand the above statement.

Date Card Completed: _____ **Parent/Guardian Signature:** _____

Date Card Updated: _____ **Parent/Guardian Signature:** _____

Date Card Updated: _____ **Parent/Guardian Signature:** _____

Date Card Updated: _____ **Parent/Guardian Signature:** _____

Player Medical History and Waiver Form will be kept with the team manager. This information will only be shared with others **when required** to keep your child safe and able to play (eg. Coaches, Manager, Tournament requirement, injury/illness of player, and other unforeseen circumstances).