

Emergency & Information Card

Athlete's name: _____
Address: _____

Parent or guardian's: _____
Address if different: _____

E-mail home: _____
E-mail work: _____

DOB: _____
Home phone: _____
Work phone: _____
Work phone: _____
Cell phone: _____
Cell phone: _____

Emergency contact name: _____
Emerg. contact address: _____

Relationship to athlete: _____

Home phone: _____
Work phone: _____

Insurance company: _____
Physician's name: _____
Hospital preference: _____

Policy #: _____
Phone: _____

Important Health Information

Are you allergic to any drugs? _____ If so, what? _____
Do you have any other allergies? (i.e. bee stings, peanuts, dust) _____
Do you suffer from? asthma _____
 diabetes _____
 epilepsy _____
Are you on any medication? _____ If so, what? _____
Do you wear contacts? _____
Have you ever been injured? _____
(if so please explain) _____
Have you ever had surgery? _____
(if so please explain) _____

Informed Consent

I hereby give my permission for _____ to participate in Granby Rovers Soccer during both the fall and spring season. Further, I authorize _____ (name of coach or coaches) to provide emergency treatment of any injury or illness my child may experience. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

My child and I are aware that participating in soccer is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable conditions associated with the sport. All such risks to my child are known and appreciated by me.

I understand this informed consent form and agree to its conditions on behalf of my child.

Parent's signature: _____

Date: _____

