



CONFIDENTIAL

Heritage Soccer Club Medical Information, Emergency Contact & Liability Waiver

Team Name: _____

Age Group: _____

Dear Parents/Guardians:

This form is for our coach/trainer to use in the event that we are unable to contact you in an emergency. This information will be kept by the coach/trainer and will be taken to all practices, games, tournaments and extracurricular events. Information that is given will be kept in the strictest confidence. This form enables us to provide the best care possible for our athletes.

Player Name _____ Gender M__ F__ Date of Birth ____/____/____

MEDICAL HISTORY (to be completed by parents)

Previous serious injuries (fractures, concussions and surgical procedures): _____

Have you lost a paired organ? (kidney, etc.) Yes__ No__

Are you epileptic? Yes__ No__

Have you had any seizures? Yes__ No__

Are you diabetic? Yes__ No__

Are you allergic to bee stings? Yes__ No__

Do you have asthma? Yes__ No__

Have you ever had heat illness? Yes__ No__

Do you wear glasses/contact lenses? Yes__ No__

Are you allergic to any medications? Yes__ No__

If yes, what medications are you allergic to? _____

Do you take a daily/weekly medication? Yes__ No__

If yes, what medications are you taking? _____

Additional information important to athlete's health: _____

PARENTAL PERMISSION, EMERGENCY CONTACT INFO & LIABILITY WAIVER (to be completed by parents)

As parent or legal guardian of _____, I hereby give my consent for his/her participation with Heritage Soccer Club for practices, training sessions, games, tournaments and other extracurricular events.

I, the undersigned parent or legal guardian of the above player, a minor, for myself and on behalf of the above player, acknowledge that participation in soccer necessarily involves contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, and more serious injuries. We understand these risks of the sport and with that knowledge willingly and voluntarily accept and assume all such risks or injury.

I hereby release and hold harmless Heritage Soccer Club ("HSC"), Soccer Training Solutions LLC, their coaches, trainers, assistant coaches, board members, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by HSC, and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to said participant while participating in or present at any HSC-sponsored event, including any physical or other injury caused by the negligence of any person or entity described above.

I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

Is your son/daughter presently covered by a Medical/Hospital Insurance policy? Yes__ No__

Health Insurance Company Name _____ Insurance Policy # _____

Physician's Name _____ Office Phone Number _____

Signature of Parent or Legal Guardian: _____ Date _____

Parent/Legal Guardian Name _____ Emergency Phone #'s: _____

[Other person/people you would like us to contact _____ #'s: _____

in the event you cannot be reached]: _____ #'s: _____