



Alberta Soccer Association

Governing Body of Soccer in the Province of Alberta

11000 Stadium Road, Edmonton, Alberta T5H 4E2

(p) 780.474.2200 (f) 780.474.6300 www.albertasoccer.com

In the consideration of the Alberta Soccer Association accepting the registration of:

Name: _____, myself, my heirs, executors, administrators and assign, release the Alberta Soccer Association from any class demands, damages, actions arising out of or in consequence of any loss, injury or damage to my person or personal property incurred while attending or participating in the Alberta Soccer Association's Select Team Program, notwithstanding any such loss, injury or damage which may have reason of the negligence of the Alberta Soccer Association, its servants, agents or employees. Without limiting the generalities of the foregoing, I further release any recourse which I may now or hereafter have resulting from any decision of the Alberta Soccer Association.

Dated this _____ Day of _____, 20_____

Printed Name of Legal Guardian (if under 18)

Participant Signature

Signature of Legal Guardian (if under 18)

ASA Executive Director's Signature

Yes, I have completed my Medical Information Form and have submitted it to the Alberta Soccer Association. My medical information will be held in confidential Alberta Soccer Association Records Storage, and will be made available to coaching and managerial staff of any Alberta Soccer Association Select Team to which I am selected, but only on a need-to-know basis.

Alberta Soccer Association Medical Information Form

The following medical information must be provided by all athletes participating in the Alberta Soccer Association (ASA) Select Teams Program. Please complete this form and return it to the Team Manager or Coach as soon as possible. (In turn, Coach or Team Manager please submit to ASA office)

Athlete's Name:	_____
Date of Birth (DD/MM/YY):	_____
Address:	_____
City:	_____
Postal Code:	_____
Telephone:	_____
Email:	_____
Alberta Health Care Number:	_____
Emergency Contact Name:	_____
Emergency Contact Phone Number:	_____
Parent/Guardian's Name (if U18):	_____
Address:	_____
City:	_____
Province:	_____
Postal Code:	_____
Relationship to Athlete:	_____
Do you have a Family Physician? (Yes/No)	_____
Family Physician Name:	_____
Family Physician Telephone Number:	_____
Do you have a Family Dentist? (Yes/No)	_____
Family Dentist Name:	_____
Family Dentist Phone Number:	_____
Are you allergic to any Medication (Yes/No):	_____
If you answered yes, please specify:	_____
ALLERGIES: (CHECK ALL THAT APPLY)	
None	_____
Penicillin	_____
Insect Bites	_____
ASA	_____
Muscle Relaxant (eg. Robaxacet)	_____
Nuts	_____
Milk	_____
Erythromycin	_____
Gravol	_____
NSAID (eg. Ibuprofen)	_____
Codeine	_____
Sulfa	_____

ALLERGIES: (CONTINUED) CHECK ALL THAT APPLY

Fish _____
Bee Sting _____
Shellfish (eg. Shrimp) _____
Tylenol _____
Migraine Drugs _____
Adhesives (eg. Tape, Band-aids) _____
Other: _____
Nature of Reaction: _____
Do you wear Contact Lenses? (Y/N) _____
Do you have any special diet requirements (Y/N)? _____
If you answered yes, please explain: _____

**Do you have or have you had any of the following:
(Yes or No will suffice for your answers)**

Heart Problems or Low/High Blood Pressure: _____
Serious neck or back problems: _____
Problems due to hot or cold weather: _____
Epilepsy/Seizures: _____
Head Injury/Concussion: _____
Asthma/Breathing Problems: _____
Diabetes: _____
Bleeding or blood disorders: _____
Kidney Problems: _____
Eye injury: _____
Infectious disease: _____
Mood/nerve problems: _____
Skin conditions: _____
Major surgical procedure: _____
Single Organ (specify): _____

Gastrointestinal problems: _____

None _____
Ulcer _____
Irritable Bowel _____
Heart Burn _____
Other (specify) _____

Traumatic or overuse injury to any joint, bone,
ligament or tendon
(Specify)

Do you use any Non-Prescription Medications;
(includes vitamins and supplements)

Consent to Emergency Medical Treatment

I, _____ of _____
(name of person giving consent) (Address)

And the participant in the Alberta Soccer Association Select Team Training and Competition Program,
or the Parent/Guardian of the Participant in the Alberta Association Select Team Training and
Competition Program

1. CONSENT TO EMERGENCY MEDICAL TREATMENT – I hereby consent to and authorize
emergency medical and/or dental treatment during the Alberta Soccer Association Select Team
Training and Competition Program.
2. GENERAL – A) I hereby acknowledge that no treatment or procedure referred to above will be
administered except with the consent by myself or parent/guardian in accordance with appropriate
legislation and with the same limitations contained therein. B) I hereby confirm that this is not a
power of attorney for personal care.

DATED THIS _____ Day of _____, 20 _____.

Witness: _____
over 18 years of age and not related to participant or guardian)

Participant/Guardian Signature: _____

Printed Name of Participant _____