

**Nelson Youth Soccer Association
Medical Release Form**

Player Name _____ Birthdate _____
dd/mm/yyyy

Home Phone _____

Address _____ Postal Code _____

Parent/Guardian Name _____ Relationship _____

P/G Address _____ Postal Code _____

P/G Home Phone _____ Work/Cell Phone _____

P/G Home Phone _____ Work/Cell Phone _____

Alternate Person to notify in case of Emergency _____

Alternate Phone to notify in case of Emergency _____

Doctor to Notify in Emergency/Phone _____

Identify any Medical Conditions (include allergies and medications)

B.C Medical Number _____

Extra Medical Plan & Number _____

I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. To the best of the undersigned's knowledge, all of the above information is true and accurate.

Signed _____

Date _____

Coach's copy to be carried by coach or manager to all games and practices.