



Heavens Eleven F.C. Medical Release Form

Player's Name _____ Date of Birth _____ Gender M F

Address _____ City _____ Ont _____ Postal Code _____

Contact Information

Father's Name _____ Home Phone _____ Work Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____

In an emergency when parents cannot be reached, please contact:

Name _____ Home Phone _____ Work Phone _____

Medical Information

Allergies _____

Other medical conditions _____

Player's Physician _____ Phone _____

Primary Medical Insurance Company _____

Policy Holder _____ Policy # _____ Group # _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for Heavens Eleven Football Club accepting the registrant for its Football programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Heavens Eleven Football Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the 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.

My son/daughter has received a physical examination from a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or Doctor of Medicine, or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

Signature of Parent or Guardian

Date