



Unionville-Milliken Soccer Club

4721 Highway 7, P.O.Box 64548, Unionville, Ont., L3R 0M9

Bus: (905) 477-5425 Fax: (905) 477-6772 Web: www.u-msc.com

SPECIAL NEEDS SOCCER PROGRAM MEDICAL FORM - 2 PAGES

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Birth date: _____

In Case of Emergency Contact: _____

Relationship: _____

Phone: _____

Health Card #: _____ Version Code: _____

Doctor's Name & Phone #: _____

Medical Information: Diabetic No___ Yes___ Treatment: Diet___ Pill___ Injection___

Asthma No___ Yes___ Cerebral Palsy No___ Yes___

Heart Condition No___ Yes___ (specifically) _____

Other Diagnosis _____

Down Syndrome No___ Yes___ (if Yes, please fill out the next line)

Atlantoaxial X-ray Date: _____ Positive _____ Negative _____

(must be updated every 3 years)

Behavioral concerns Yes___ No___

If Yes please elaborate: _____

Seizures No___ Yes___ (if Yes, please fill out the next two lines)

Type: _____ Frequency: _____

Treatment: _____

Hep B Immune Yes ___ No ___ Don't know ___

Tetanus Shot Yes ___ No ___ Date _____

Allergies (Please list) Food _____

Drug _____

Other _____

Does the participant have or use any of the following:

Glasses ___ Hearing Aid ___ Dentures ___ Contact Lenses ___ Prosthesis ___ Helmet ___

Other _____

MEDICATION (Self Administered) Yes ___ No ___

Name & Dosage _____

Name & Dosage _____

Name & Dosage _____

Comments which would enhance the applicant's participation in the program:

Are there any limitations for the applicant to take part in the Program?

Relationship to Applicant (*please circle one*) Parent Guardian Caregiver

Personal Information Collection

Personal Information Protection

Completion of this form constitutes the undersigned's consent and acknowledgement that the UMSC must collect such personal information as is required to complete this registration form for the following purposes:

To constitute soccer teams according to age, gender, physical and skill criteria;

To provide for volunteer staff for coaching and administrative purposes, medical information being disclosed on a "need to know" basis at the Club's sole discretion;

To register players for informational and insurance purposes with the Ontario Soccer Association (OSA) and various leagues in which UMSC players may participate, and to have players assigned an OSA registrant number.

To constitute and maintain a list of club members, for contact by the UMSC from time to time for the distribution of information by telephone, e-mail and mail including registration forms and club information;

Information collected will be stored for the shorter of up to ten years, or specific request for deletion by a registrant, and available for correction or review by contacting the UMSC at 905-477-5425

ACKNOWLEDGMENT, INDEMNITY and RELEASE OF LIABILITY

The undersigned confirms and acknowledges that:

1. The information set out in the herein and in the attached Registration Form is true and affirmed as though given under oath, affirmation, or solemnly deposed declaration;
2. It is in reliance on the accuracy of this information that the Child identified herein will be accepted into the special needs program of the Unionville Milliken Soccer Club;
3. That the undersigned assumes all responsibility for the consequences arising if the information set out herein is not and accurate, and
4. The Applicant acknowledges that the UMSC, or its Executive, Directors, Officers, Agents and Employees, Officials, Referees, Coaches, Assistant Coaches, Convenors and Volunteers (UMSC Staff) take no responsibility for injury or damage, risk of which is assumed solely by the Applicant however caused, whether by tortious, deliberate or negligent conduct of the participant, spectators, bystanders, or UMSC Staff, and
5. The Applicant further saves harmless and indemnifies the said UMSC Staff from any claim for compensation for damage, including claims or suits arising from injury or damage suffered by the participant or other persons including the undersigned however caused.

The undersigned undertakes and promises to update the information set out herein immediately as and when it changes.

(Signature of Parent/Guardian/Caregiver)

(Name of person completing form & Date)