



MUNDIAL FOOTBALL CLUB ACADEMY
815 Saint Laurent Boulevard
Incubator 13, Rideau Community Hub
Ottawa ON K1K 3A7

Player Medical Information Sheet

Player Name: _____ Jersey #: _____

Team name: _____

Date of Birth: Day: _____ Month: _____ Year: _____

Address: _____ City: _____ Province: _____

Postal Code: _____

Home Telephone: _____

Email Address: _____

Person to contact in case of accident or emergency:

Name: _____ Telephone (work) _____

Cell Phone _____ Email: _____

Doctor's Name: _____ Telephone: _____



Dentist's Name: _____ Telephone: _____

If parents are not available:

Name: _____ Telephone (work) _____

Cell Phone _____ Email: _____

Please circle the appropriate response below pertaining to your child.

Yes No Previous history of concussions

Yes No Diabetic

Yes No Fainting episodes during exercise

Yes No Medication

Yes No Epileptic

Yes No Allergies: _____

Yes No Wears glasses

Yes No Wears a medic alert bracelet or necklace

Yes No Are lenses shatterproof

Yes No Any health issues that interfere with playing soccer?

Yes No Wears contact lenses

Yes No An illness lasting more than a week in the last year



Yes No Wears dental appliance

Yes No Surgery in the last year. If yes, explain: _____

Yes No Hearing problem

Yes No Has been to hospital in the last year

Yes No Asthma

Yes No Any injuries requiring medical attention in past year

Yes No Trouble breathing during exercise

Yes No Presently injured

Yes No Heart condition

Please give details below if you answered "Yes" to any of the above items.

Medications: _____

Allergies: _____

Medical Conditions: _____

Recent Injuries: _____



Date of last complete physical examination: _____

Last Tetanus Shot: _____

Any information not covered above:

****Any medical condition or injury problem should be checked by your physician before participating in a soccer program. I acknowledge and understand the risks taken by him/her during any soccer activity. I assume complete responsibility for those risks and for personal injuries and accident of any kind. I further agree to waive any claims that may arise from his/her participant in MUNDIAL FOOTBALL CLUB ACADEMY soccer. I understand that it is my responsibility to keep team management advised of any change in the above information as soon as possible and that in the event no one can be contacted, team management will take my child to hospital or M.D. if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination and investigation and necessary treatment of my child. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.***

Date: _____

Signature of Parent or Guardian: _____