



2011 Spring Keeper Training Registration Form

Please note: This program is restricted to members of the club only.

Name _____ Team _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact (if different from above): _____

Health Information

Our coaches need to be aware of any health issues that may affect your child's ability to fully participate in our programs. They also need your permission to seek out any necessary medical attention in the event of accident or other eventuality during or as a result of soccer activities. Please confirm that your child has no health problems or indicate his or her health problems as requested below and sign the consent portion at the bottom.

No health problems _____ OR

Allergies (please specify) _____

Asthma _____ Needs inhaler _____ Diabetic _____ Heart Condition _____

Medical Alert Bracelet _____ Hearing _____ Glasses _____ Contact Lenses _____

Other (please specify) _____

Name and phone number of player's doctor _____

Please understand that we have your child's safety as our prime concern and that you may be requested to provide a doctor's certificate testifying that your child's health will not be endangered by participating in the sport of soccer. This would normally be required in cases where a player is returning from a serious accident or injury.

Consent

I, the undersigned, as a parent/guardian of the above-named player, attest that the above medical information is complete and accurate. I further consent to the provision of such first aid or medical treatment as may be necessary for my child as a result of or during participation in soccer activities.

Parent or guardian name and signature: _____ Date _____

Please mail the form to **OISC, 1237 Newmarket St. Ottawa, Ontario, K1B 5N6**

Or

Fax to **613 745 8220**