



EMERGENCY CONTACT & MEDICAL FORM

270 Galaxy Blvd. Etobicoke, ON M9W 5R8
 Tel.: 416.622.8726 Fax: 416.621.4488 Email: eysc@bellnet.ca
 www.etobicokeyouthsoccer.com

Contact Information			
Child #1 Last Name	Child #2 First Name	Player's Birth date (MM/DD/YYYY)	Gender
Please list any allergies or medical conditions:			
Please list any medications (If your child requires medication during camp hours; please complete the medication form)			
Child #1 Last Name	Child #2 First Name	Player's Birth date (MM/DD/YYYY)	Gender
Please list any allergies or medical conditions:			
Please list any medications (If your child requires medication during camp hours; please complete the medication form)			

Emergency Contact Information		
In the case of an emergency parents / guardians will be the first individuals to be contacted.		
Parent/Guardian #1 Full Name	Mobile Tel. No.	Work Tel. No.
Parent/Guardian #2 Full Name	Mobile Tel. No.	Work Tel. No.

Secondary Emergency Contact Information		
In the case of an emergency parents / guardians will be the first individuals to be contacted; however, if parent(s)/guardian(s) are unavailable is there anyone else whom you would like the club to contact.		
Full Name	Relationship to Player	Contact Number(s):
Full Name	Relationship to Player	Contact Number(s):

Parent/Guardian Signature: _____ Date: _____