

Spring 2009

Muqdisho Youth Soccer Registration

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Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	Sex
		M F
Parent's/Guardian's Name	Parent's/Guardian's Name	
()	()	
Home Phone	Work Phone	
Address	Address	
City, Province, Postal Code	City, Province, Postal Code	

Alternative Emergency Contacts

Primary Emergency Contact	()	()
	Home Phone	Work Phone

Medical Information

Hospital/Clinic Preference _____

Physician's Name	()
	Home Phone

Allergies/Special Health Considerations

Allergic to any:

1. Drugs: _____	2. Peanut butter: _____	3. Dust: _____	4. Bee Sting: _____
4. Asthma _____	5. Diabetes _____	6. Epilepsy _____	7. Others _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to go on field trips. I release Muqdisho Football Club and individuals from liability in case of accident during activities related to Muqdisho Football Club, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____

Witness Signature _____ Date _____