

AGE VERIFIED BY:

MYSA exec name: _____

document used: _____

**MINNEDOSA YOUTH SOCCER
HEALTH AND MEDICAL WAIVER FORM**



Please complete and sign immediately. Return to MYSA registrar.

Player Name: _____

Date of Birth Month: _____ Day: _____ Year: _____
eg. June 23 2004

Gender: Female or Male

Address: _____

Home Telephone: _____

M.H.S.C. #: _____
family Manitoba Medical # (6 digits)

P.H.I.N. #: _____
personal health information # (9 digits)

Student Accident Insurance Policy (if applicable): _____

Family Extended Health Coverage Plan Number (if applicable): _____

Parent/Guardian Information

Name: _____ Phone #: _____ Address: _____
(if different from above) *(if different from above)*

Name: _____ Phone #: _____ Address: _____
(if different from above) *(if different from above)*

Family or Parent/Guardian email: _____

Family Doctor: _____ Phone #: _____

Please provide any information which might be of significance to the coach relative to your child's medical history, including allergies/asthma, etc:

I/we, the undersigned parent/guardian of _____ give permission for the above named player to be examined and/or treated in the event that an incident requiring medical intervention occurs. I/we, the undersigned, release the Minnedosa Youth Soccer Association and Brandon Youth Soccer Association and its members and associates, from any claims which I/we or the above named player may have, as a result of he/she taking part in the soccer program, or while travelling to and from the locations of games or other scheduled events within the program.

Signature: _____ Date: _____

Renewal of above waiver and player information:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____