

2008 SOCCER MEDICAL FORM(Complete and hand to Coach on the first day of practice/camp) Child will not be allowed to participate without completed medical form.

Child's Name: _____	1st Parent/Gaurdian Name: _____
Birthdate: _____ Sex: M F	Home Phone: _____ Cell Phone: _____
Address: _____	E-mail Address: _____
City/State/Zip _____	2ndParent/Gaurdian Name: _____
Phone _____	Home Phone: _____ Cell Phone: _____
	E-mail Address: _____

Circle one		MEDICAL HISTORY	
Yes	No	Is the child on any medication?	Explain: _____
Yes	No	Will the child need to take the medication during a WGRC Program?	If yes, discuss with the coach.
Yes	No	Does your child have any dietary restrictions?	If yes, discuss with the coach.
Yes	No	Does the child have any allergies?	
Yes	No	Does the child have a heart condition?	
Yes	No	Is your child prone to seizures or convulsions?	
Yes	No	Does your child have asthma?	If so, does your child use and know how to use his/her own inhaler? Yes No
Yes	No	Does your child have a physical or mental disabilities that would require special attention?	If yes, discuss with the coach
Yes	No	Are there any other physical or behavioral conditions that may affect or limit full participation in soccer activities?	If yes, discuss with the coach

Waiver and Permission: I certify that I am a parent(gaurdian) of the child named above. In that capacity, I give permission for the child to participate in the Soccer Program(s) of the West Geauga Recreational Council(WGRC). I also save and hold harmeless the WGRC and its employees and volunteers from and against all claims arising out of damage to property or injury to person(s) associated by his or her negligence or failure to follow instructions of the program personnel. My child is covered by our _____family or _____school insurance(please check one).

The West Geauga Recreational Council(WGRC) reserves the right, at its sole opinion and discretion to suspend or terminate, without refund, the participation of any person enrolled in any WGRC program, for any unruly or disruptive behavior on behalf of the participant, any parent or spectator, deemed by the WGRC to be detrimental to the orderly operation of any of its programs. *** Participants must respect others and use appropriate language or be subject to removal.

Photo Authorization: I hereby authorize the WGRC, its agents and employees to use the phtographic image or likeness of the registered child for the use and benefit of the WGRC in its publications, marketing and promotional materials.

Signature of Parent/Guardian: _____ **Date:** _____ / _____ /2008