



World Soccer Academy

Providing Elite Soccer Training to Dedicated Young People

"We are what we repeatedly do. Excellence, therefore, is not an act but a habit." - Aristotle

MEDICAL QUESTIONNAIRE

To be completed by the athlete

Last Name: _____ First Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone #: _____ Date of Birth ____M/____D/____Y

Health Care # (6 digit # only): _____ Province: _____ Family Doctor's Name: _____

FOR EMERGENCY PLEASE NOTIFY:

Name: _____ Relationship: _____ Phone #: _____

In the past, have you experienced any of the following?	Yes	No
Muscle or joint injury?		
Concussion or head injury?		
Burner/stinger or neck injury?		
Surgery or operation?		
Hospital admission?		
Illness or medical condition lasting longer than one week?		
Heat exhaustion or heat stroke?		
On medication?		
Allergies?		
Chest pain or severe shortness of breath on exertion?		
Coughing or wheezing on exertion?		
Fainting or dizzy spells on exertion?		
Irregular heartbeat?		
Bone or joint pains not related to injury?		
Frequent or severe headache?		
Abnormal pains?		
Skin conditions/problems?		
(Females only) Any abnormality of menstrual cycle?		

Do you presently have/use...?		
Incompletely healed injuries?		
Special equipment (i.e. pads, braces, orthotics, etc.)?		

Explain "YES" answers: _____

(You may write on the reverse of this page)

I hereby certify the above information to be correct.

Athletes Signature: _____ Date: _____

Parent /Guardian's signature: _____

Permission to treat

The World Soccer Academy staff has my authorization to seek and/or administer emergency care for my son/ daughter in the event a parent or guardian cannot respond at the time of the emergency. I understand that the World Soccer Academy is not responsible for any charges for such health care services provided to my child.

Parent /Guardian's signature: _____ Date: _____