

# Burke Athletic Club TOPSoccer Medical Information Form

## *Player Information*

Player's Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

School Player Attends: \_\_\_\_\_

General Medical Diagnosis: \_\_\_\_\_

List all conditions associated with medical diagnosis that would assist coaches in working with your child (please be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Equipment used/needed by player: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special Medications that may be needed in case of emergency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information that might be helpful in instructing/coaching your child to play soccer (i.e., visual, sign language, etc.), or any other information BAC should know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian MUST sign:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_