



FORM 1
COMPETITIVE ATHLETE
MEDICAL DATA RECORD

NOTE: IF THE REQUESTED INFORMATION IS NOT PROVIDED, THE APPLICANT WILL NOT BE PERMITTED TO PARTICIPATE IN THE ACTIVITY

PLEASE PRINT CLEARLY IN INK OR TYPE

| | | | |
|--|--------------------------|--------------------|--------------------------|
| NAME OF PARTICIPANT | | | BIRTH DATE (DD/MM/YYYY) |
| NAME OF CLUB | G.O. MEMBER # | DISCIPLINE | COMPETITIVE LEVEL/STREAM |
| ADDRESS | | | |
| CITY | PROVINC | POSTAL CODE | TELEPHONE NO. |
| NAME OF PARENT/GUARDIAN (If under 18) | | RELATIONSHIP | TELEPHONE NO. |
| PLEASE LIST ALL EXISTING MEDICAL CONDITIONS/ALLERGIES (INCLUDING FOOD) OF THE PARTICIPANT | | | |
| PLEASE LIST ANY MEDICATIONS REQUIRED (TYPES/TIMES REQUIRED/STORAGE REQUIREMENTS/ADMINISTRATION PROCEDURES) | | | |
| NAME OF FAMILY PHYSICIAN | TELEPHONE # OF PHYSICIAN | FAX # OF PHYSICIAN | |
| <p>I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined in the reasonable discretion of his/her Personal Coach/Team Manager. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical results.</p> | | | |
| <p>I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE INFORMATION ON THIS FORM IS KEPT CURRENT AND I WILL NOTIFY THE CLUB OF ANY CHANGES IMMEDIATELY</p> | | | |
| SIGNATURE OF PARTICIPANT (OR PARENT/GUARDIAN IF PARTICIPANT IS UNDER THE AGE OF 18) | | | DATE (DD/MM/YYYY) |

PLEASE KEEP THIS FORM ON HAND. G.O. MAY REQUEST A COPY OF THIS FORM FOR INSURANCE PURPOSES.

The Coach is expected to have a copy of this form on hand for any competition or training.

(Over)

EMERGENCY CONTACT INFORMATION

| IN THE CASE OF AN EMERGENCY INVOLVING THE <u>PARTICIPANT</u> , PLEASE CONTACT ONE OF THE FOLLOWING INDIVIDUALS | |
|--|-------------------------|
| 1. NAME | HOME/CELL TELEPHONE NO. |
| | RELATIONSHIP |
| | ADDRESS |
| 2. NAME | HOME/CELL TELEPHONE NO. |
| | RELATIONSHIP |
| | ADDRESS |
| 3. NAME | HOME/CELL TELEPHONE NO. |
| | RELATIONSHIP |
| | ADDRESS |

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE HEAD OF DELEGATION/TEAM MANAGER/TEAM COACH FOR
COMPETITIVE ATHLETES ONLY

PARTICIPANT RELEASE

| THIS SECTION MUST BE COMPLETED IN THE EVENT OF AN EMERGENCY WHICH NECESSITATES THE RELEASE OF THE PARTICIPANT FROM THE ACTIVITY PRIOR TO THE PLANNED DEPARTURE TIME | | | |
|---|-------------------------|--------------------------|-------------------------|
| DATE RELEASED (D/M/Y) | TIME | RELEASED TO (PRINT NAME) | RELEASED TO (SIGNATURE) |
| ADDRESS (Street/P.O. Box No.) | | | TELEPHONE NO. |
| CITY | PROVINCE | POSTAL CODE | BUSINESS TELEPHONE NO. |
| PERSON TAKING RESPONSIBILITY IS KNOWN BY PARTICIPANT: | IDENTIFICATION CHECKED: | | TIME RETURNED/COMMENTS |
| RELEASED BY (PRINT NAME) | RELEASED BY (SIGNATURE) | | |