



PERSONAL HEALTH FORM

Please note all fields to be completed before entry to the program.

Participant Name _____

DOB : Day/Month/Year _____ Gender _____

Address: _____

City _____ Postal Code _____

Home Phone _____ Cell# _____

Local Emergency Contact Name _____

Local Emergency contact Phone # _____

Parent email _____

Physicians name/Phone # _____

Allergies/medical concerns Y/N _____

If yes Indicate reaction/treatment/medication

In completing this form I/we hereby authorize the person/persons in charge to secure such medical advice and services deemed necessary for the health and safety of the named Kamloops Canoe and Kayak Club member. We understand that this form will be shared with the coach/coaches and staff involved in the specific projects that the member is participating in and that we may be contacted prior to the start of the project if more details are required. Parent/Guardian's Signature for those under 19 years:

Signature:

Date:(dd/mm/yy)

This form will be valid for one year from the date of completion. Any changes to the information above will require the submission of a new form. Members under legal age must print the completed form and requires the signature of a parent or guardian. The form will be valid for one year from the date of completion. Any changes to the information above will require the submission of a new form.