



CANADIAN PERFORMANCE CENTRE SKI JUMPING & NORDIC COMBINED

THE ORIGINAL COPY OF THIS FORM WILL BE KEPT ON FILE IN THE CANADIAN PERFORMANCE CENTRE ("CPC") OFFICES. AN ELECTRONIC COPY WILL BE CARRIED BY DESIGNATES AND ATHLETES AT ALL TIMES

MEDICAL CONSENT FORM Effective June 1, 2017 to May 31, 2018

Athlete Name:
Address:
Province

Postal Code:

Home Phone:
City:
Email:

Passport #:

Passport Expiry Date:

EMERGENCY CONTACT INFORMATION

Name:
Address:
Province
Home Phone:

Postal Code:
Work Phone:

Relationship:
City:
Email:
Cell Phone:

Name:
Address:
Province
Home Phone:

Postal Code:
Work Phone:

Relationship:
City:
Email:
Cell Phone:

IMPORTANT MEDICAL INFORMATION

Alberta Health Care Number:

Allergies:

Allergies:	Do you have Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "YES", please specify below.</i>
Drug Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insect Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



CANADIAN PERFORMANCE CENTRE SKI JUMPING & NORDIC COMBINED

Medical Conditions (if any of this information changes over the course of the year, please advise coach):

Are you under any form of treatment for an illness, condition or injury? (Including Asthma, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please elaborate. Include activities to be restricted or modified.
---	---	--

Please fill out the medication names and details for administering them: (if more space is required please attach additional information)

NAME OF MEDICATION	REASON (OPTIONAL)	DOSAGE	HOW OFTEN?	TIME OF DAY

Medication storage Requirements:

Medical Treatment Restrictions (if any) e.g. blood transfusions: _____

Dietary Restrictions (if any): _____

Additional Instructions/Information: _____



CANADIAN PERFORMANCE CENTRE SKI JUMPING & NORDIC COMBINED

AUTHORIZATION

The above medical information is accurate to the best of my knowledge. I am aware that I am involved in an activity where illness or accident may occur and immediate surgical or medical attention is necessary. Except with respect to the Medical Treatment Restrictions set out above, I hereby give the following individuals permission to assist and administer the above medications and to make arrangements for and consent to qualified surgical or medical attention in the event of an emergency if I am unable to act on my own:

Parent/Guardian Name:	Relationship:	Contact #
Parent/Guardian Name:	Relationship:	Contact #

In addition, the following coaches who may be traveling with me:

Gregor Linsig	Head Coach - Ski Jumping Canada
Wes Savill	Alberta Ski Jumping & Nordic Combined
Nik Petrov	SJC – High Performance Director
Clint Jones	Coach- Ski Jumping Canada
Wes Savill	Head Coach – Altius Nordic Ski Club

Tadeusz Bafia	Coach – Alberta Ski Jumping and Nordic Combined
Bine Norcic	Coach – Ski Jumping Canada
Gaspar Bartol	Coach – Ski Jumping Canada

Other: _____

I am aware that Ski Jumping Canada/Nordic Combined Canada carries emergency medical insurance for me through the Canadian Athlete Insurance Program. I have reviewed the details of the plan available at http://www.armstrongmccready.ca/CAIP2_ver_2.htm and understand the coverage and its limitations and that I may choose to also carry my own out of country insurance. I will not hold Ski Jumping Canada, Nordic Combined Ski Canada, Alberta Ski Jumping and Nordic Combined, Altius Nordic Ski Club or the Canadian Snowsport Association liable for any medical bills incurred that exceed the coverage provided here.

I am more than 18 years of age and I have carefully read and fully understand this Agreement.

Signature: _____ Date: _____

If under 18 years of age:

Guardian's consent: I am the parent and or guardian of the minor named above and as such I approve of the foregoing and I have carefully read and fully understand this Agreement.

Signature: _____

Date: _____

Print Name: _____