



## 2010 - 2011 PARTICIPANT INFORMATION FORM

### CONTACT INFORMATION (Same as on Registration Form)

Contact Name	Email
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### PARTICIPANT INFORMATION

Participant Name	Home Phone		
Address	Business Phone		
Health Card #	Birthdate (d-m-y)	Weight	Height

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name	Home Phone	
Address	Business Phone	
Relationship	Cell Phone	
Alternate Emergency Contact Name	Home Phone	
Address	Business Phone	
Relationship	Cell Phone	
Family doctor	Address	Phone

### MEDICAL INFORMATION

Has the Participant had or have any of the following?

Arthritis or rheumatism	Yes	No	Diphtheria	Yes	No	Headaches	Yes	No
Asthma	Yes	No	Dislocated shoulder	Yes	No	Heart trouble	Yes	No
Chronic nosebleeds	Yes	No	Dizziness	Yes	No	Skin condition	Yes	No
Concussion	Yes	No	Epilepsy	Yes	No	Stomach problems	Yes	No
Diabetes	Yes	No	Fainting	Yes	No	Swollen joints	Yes	No

Specify other injuries or illnesses and/or provide pertinent dates & details regarding the above:

Does the Participant wear any of the following?	Eyeglasses?	Yes	No	Contact lenses?	Yes	No
Braces on his/her teeth?	Rigid/Soft braces?	Yes	No	Hearing aid?	Yes	No

Does the participant take any prescription drugs? Yes No If Yes, please specify what medication has been prescribed and why.	What medication, if any, should the participant have on hand during the sport activity? By whom should it be administered?
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Does the Participant have any allergies? Yes No If Yes, please specify.	Does the Participant have any permanent disabilities? Yes No If Yes, please specify.
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Does the Participant wear a medical bracelet? Yes No If Yes, please specify.	Last tetanus immunization (d-m-y)	Blood type
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### WAIVER

I hereby authorize emergency medical or surgical treatment for myself and/or my daughter/son/ward if such treatment is required while I or my daughter/son/ward is participating in the Gloucester Concorde Speed Skating Club, Ontario Speed Skating Association (OSSA) or Speed Skating Canada (SSC) activities. I hereby, for myself, my heirs, executors and assign, waive and release any damages I may have against the Gloucester Concorde Speed Skating Club Inc. and the City of Ottawa or their agents.

Signature of Participant (18 years or older) or Signature of Parent (under 18 years )	Signature of Witness:	Date (d-m-y):
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