



ALBERTA SKI JUMPING + NORDIC COMBINED



Emergency Contact and Medical Information

Athlete's Name		Date of Birth	M	F
			Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name		
()	()	()	()	
Home Phone	Alternative Phone	Home Phone	Alternative Phone	
Address		Address		
City, Prov. Postal Code		City, Prov. Postal Code		
Email		Email		

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
()	()	()	()
Home Phone	Alternative Phone	Home Phone	Alternative Phone
Address		Address	
City, Prov. Postal Code		City, Prov. Postal Code	

Medical Information

Physician's Name	Phone Number
Alberta Health Care Number	
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release Altius Nordic Ski Club and individuals from liability in case of accident during activities related to Altius Nordic Ski Club, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature	Date
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