

MEDICAL DISCLOSURE

Personal

Name:					Birth Year:	
Address:						
Phone:		Home:	Cell:			
Swimming Ability:		Excellent	Good	Fair	Poor	

Emergency

Contact:					Phone Numbers:	
Family Doctor:					Phone Number:	

Medical Information

General Conditions:	Asthma	Rheumatic Fever	Epilepsy	Diabetes
Other? (please describe)				
Abnormal Heart Condition (please describe)				
History of Joint Injury (please describe and specify joints)				
Allergies / Reaction (please list)				
Medications (please list including dose and frequency)				

Do you have physical limitations which would affect your participation in the activity of Outrigger?
Do you have psychological limitations which would affect your participation in the activity of Outrigger? (ie; fear of water)

I understand it is my responsibility to make the coach and executive of Delta Outrigger Kanu Association aware of any personal limitations that may affect my ability to participate in club activities.

This form must be signed each year. Any significant changes to any information will require a new form to be completed. A new form will be completed at a minimum of every 5 years.

Signatures

Year	Signature	Date
1		
2		
3		
4		
5		