



# Fort Langley Canoe Club Personal Health Form

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**January 1, 2012 to December 31, 2012**

The information collected on this form is required by CanoeKayak BC, 102A-11410 Kingston St, Maple Ridge, V2X 0Y5, insurers to FLCC. FLCC Privacy Policy is available at [fortlangleycanoeclub.ca](http://fortlangleycanoeclub.ca)

Please use BLOCK CAPITALS. All fields must be completed

First Name			
Last Name			
Address 1			
Address 2			
City			
Province		Postal Code	
Home phone number			
Cell phone number			
Health Card number			
Email address			
Medical concerns Include allergies & reactions			
Family Physician Name and phone number			
Emergency Contact Name and phone number			
Emergency Medication carried			
Swim Level	Non-swimmer / basic / advanced		
Other water-sport skills			
Birth Date	yyyy / mm / dd		
Circle Disciplines paddled	Dragonboat / Outrigger / Voyageur Recreational Kayak / Sprint Coached		
FLCC Team Name, if any			
<p>I hereby authorize the person/persons in charge to secure such medical advice and services deemed necessary for my health and safety. I will advise the Club of any changes in my medical condition.</p>		<p>Participant's signature (or parent or guardian if under 18 years or under)</p> <p>Date:                      Witness:</p>	