



Personal Health Form for Team Use Only

To be retained by team managers. Not to be forwarded to Club officers.

FLCC Privacy Policy is available at <https://www.fortlangleycanoeclub.ca/forms-documents>

Please use BLOCK CAPITALS. All fields must be completed

First Name			
Last Name			
Address 1			
Address 2			
City, Province, Postal Code	City	Province	Postal Code
Home & Cell phone number	Home		Cell
Health Card number			
Email address			
Medical concerns Include allergies & reactions			
Physician Name and phone number	Name	Phone Number	
Emergency Contact Name and phone number	Name	Phone Number	
Emergency Medication carried			
Circle 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			
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.		Participant's signature (or parent or guardian if under 18 years) Date: _____ Witness: _____	