

snowboard yukon

Athlete/Participant Emergency Medical Information & Release Form

This form is a confidential document.

Athlete's Personal Information

Name:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthdate: Day Month Year	
Address:	

Emergency Contact

Name:
Telephone, day:
Telephone, evening:

Medical Information

Name of family doctor:
Telephone of family doctor:
Yukon Health Insurance number:
Important medical considerations:
Medicines:
Allergies:
Blood type:
Previous serious injuries or illnesses: ***Including Brain Injuries (concussions)
Can the participant/athlete administer their own medication(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (prosthesis, contact lenses, etc.):

If during the course of my (my child's) participation in any activity associated with Snowboard Yukon, should I (my child) become injured or ill, I hereby authorize Snowboard Yukon to obtain emergency medical/dental care, transportation, and injury rehabilitation care without first obtaining my prior consent or the consent of the parent/guardian.

ACCEPTED BY:

Athlete signature:	Date:
Parent/Legal guardian name: (print)	
Parent/Legal guardian signature:	Date: