

## TELEMARK BIATHLON MEDICAL INFORMATION AND AUTHORIZATION

### MEMBER INFORMATION

NAME:					
ADDRESS:					
POSTAL CODE:		E-mail			
TELEPHONE 1:			TELEPHONE 2:		
DATE OF BIRTH	YEAR		MONTH		DAY
CARE CARD #					
PRIVATE INSURANCE (COMPANY NAME AND #)					

### MEDICAL INFORMATION

GENDER:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
HEIGHT:		WEIGHT:	
BLOOD TYPE:			
ALLERGIES:			
PREVIOUS CHRONIC MEDICAL HISTORY / KNOWN CONDITIONS / CURRENT MEDICATION:			

### AUTHORIZATION TO SEEK TREATMENT

**I, the undersigned, authorize the coach and/or chaperone, in the event of accident or illness, to authorize for my child on my behalf all procedures, including admission to hospital and necessary treatment therein, as may be deemed essential for my child's well-being. It is understood that every effort will be made to contact me (as per the contact information listed below) as soon as possible.**

SIGNATURE	DATE
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### AUTHORIZER CONTACT INFORMATION

NAME:					
RELATIONSHIP TO MEMBER	PARENT <input type="checkbox"/>		GUARDIAN <input type="checkbox"/>		
ADDRESS (IF DIFFERENT FROM ABOVE)					
PROVINCE:			POSTAL CODE:		
TELEPHONE 1:			TELEPHONE 2:		

### EMERGENCY CONTACT INFORMATION (IF PARENT/GUARDIAN UNAVAILABLE)

NAME:	TELEPHONE
NAME:	TELEPHONE

NOTE: The Federal Personal Information Protection and Electronic Documents Act (and equivalent provincial legislation) requires that consent be obtained prior to the collection and use of all personal information. The personal information you consent to provide to the Club by completing this athlete profile will be used for the purposes reasonably associated with the biathlon activities conducted by the Club and will be managed in accordance with the Telemark Nordic Club Privacy Policy. Completed forms will be kept on file by Telemark Secretary.