



c/o Sportsplex
 20165 91a Ave #100
 Langley, BC
 V1M 3A2
 langleyblades@gmail.com

Print member name: _____ Date: _____

MEDICAL INFORMATION

The information you provide will be kept in strict confidentiality and will only be shared on a "need to know" basis with specific staff members. This information may be sealed in an envelope to be opened only in the case of an emergency. All medical forms will be destroyed via shredding at the end of the season.

Skater Information

First Name: _____ Last Name: _____

Birthdate: _____ Month: _____ Date: _____ Year: _____

Address: _____ City: _____ Postal Code: _____

Parent 1: _____ Home # _____ Cell # _____

Business # _____

Parent 2: _____ Home # _____ Cell # _____

Business# _____

Skater's Provincial Health Number (optional): _____

Alternate emergency contact (if parents are not available):

Name: _____ Relationship to Skater: _____

Home # _____ Cell # _____

Details if **Yes** circled (use a separate sheet if necessary)

Yes No Medication(s) _____

Yes No Allergies _____

Yes No Past Concussions _____

Yes No Fainting episodes during exercise _____

Yes No Wears glasses _____
 If yes, are lenses shatterproof? _____

Yes No Wears contact lenses _____

Yes No Wears dental appliance _____



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Yes No Hearing problem _____

Yes No Asthma _____

Yes No Trouble breathing during exercise _____

Yes No Heart condition _____

Yes No Diabetes Type 1 Type 2 _____

Yes No Injuries requiring medical attention in last year _____

Yes No Admitted to hospital in last year _____

Yes No Vaccinations up to date Date of last Tetanus Shot: _____

Yes No Surgery in the last year _____

Please provide any relevant information that is not covered above and may impede or interfere with the skater's ability to participate in speed skating:

I understand that it is my responsibility to keep the Langley Blades Speed Skating club advised of any change in the above information as soon as possible.

In the event of a medical emergency and that no can be contacted, club personnel on site will arrange for my child to seek appropriate medical care and/or be transported to the hospital, if deemed necessary.

I hereby authorize first-aid, physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, physician, emergency responder) as deemed necessary.

Date: _____ Signature of Skater: _____

_____ Skater Printed Name: _____

Date: _____ Signature of Parent/Guardian: _____