



Personal Health Form



Name Club Date (y/m/d)

Street Address City Postal Code

Email Address Home Phone Date of Birth (y/m/d)

Mother's Name Father's Name

Mother's Work Phone Father's Work Phone

Mother's Cell Phone Father's Cell Phone

Emergency Contact Name (other than above) Relationship

Home Phone Work Phone Cell Phone

Medical Insurance Number Extended Health Care Provider

Physician's Name Physician's Contact Number

Allergies or Other Medical Problems

Reaction and/or treatment/medication required

Does the member carry the required medication with them? YES NO

In completing this form I/we hereby authorize the person/persons in charge to secure such medical advice and services deemed necessary for the health and safety of the named CanoeKayak BC member. We understand that this form will be shared with the coach/coaches and chaperones involved in the specific projects that the member is participating in and that we may be contacted prior to the start of the project if more details are required.

Members of legal age may submit this form electronically from their personal email address by clicking on the box below and it will be valid for one year from the date of completion. Any changes to the information above will require the submission of a new form.

Members under legal age must print the completed form and requires the signature of a parent or guardian . The form will be valid for one year from the date of completion. Any changes to the information above will require the submission of a new form.

Parent/Guardian's Signature for those under 19 years

Please submit your completed form to: CanoeKayak BC - 20585 124A Avenue, Maple Ridge, BC V2X 0M6 (fax) 604-460-0587