

SKATERS INFORMATION / MEDICAL RELEASE

NAME:

ADDRESS:

CITY/PROVINCE:

PC:

PHONE: (HOME)

(WORK)

EMAIL ADDRESS:

AGE:

SEX: M F

ALLERGIES:

SKATE CANADA #

CARE CARD #

PARENT/GUARDIAN SIGNATURE:

It is Sandy Shores Skating Club policy to notify a parent when a child is in need of medical attention. Occasionally, however, we are unable to contact parents and immediate help for the child is required. Please sign the consent form below so that we can take appropriate and timely action on behalf of your child. We will endeavor to take this consent with us to an emergency center.

MEDICAL RELEASE

I authorize a coach or person(s) charge of Sandy Shores Skating Club to call a physician; to take my child to the nearest emergency center or summon and ambulance for emergency medical aid; should, in the opinion of the person(s) in attendance feel such services are required and I 9or authorized person) am unable to be contacted by phone. If such and emergency should arise I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Signature: _____

Date: _____

Witness:
