

race team TELEMARK



Confidential Medical and Emergency Contact Information

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 skiing activities conducted by the Club and will be managed in accordance with the Telemark Nordic Club Privacy Policy. Complete forms will be kept on file by head coach.

Athlete Information:

Name: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Home Telephone: _____ E-mail address: _____

Care Card #: _____ Gender: Male Female

Physician's Name: _____ Physician's Telephone: _____

Medical Information:

Please list any health conditions: _____

Recent injuries (date of injury): _____

Allergies: _____

Current Medications: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Cell phone: _____

Parent/Guardian Name: _____ Cell phone: _____

Emergency Contact Information: (if parent/guardian unavailable)

Name: _____ Phone: _____

Name: _____ Phone: _____

telemarkracers.org

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Learn to Ski Fast!

