**FORT CANOE AND KAYAK CLUB (FCKC)**

**Personal Health Form**

**January 1, 2020 to December 31, 2020. To be retained by Head Coach.** This information is required by Canoe Kayak BC, Suite 2003B, Fortius Athlete Development Centre, 3713 Kensington Ave. Burnaby, BC V5B 0A7, insurers to FCKC

Please use BLOCK CAPITALS. All fields must be completed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name |  | | | |
| Last Name |  | | | |
| Address 1 |  | | | |
| Address 2 |  | | | |
| City |  | | | |
| Province |  | | Postal Code |  |
| Home phone number |  | | | |
| Cell phone number |  | | | |
| Email address |  | | | |
| Medical concerns, including allergies & reactions |  | | | |
| Family Physician Name and phone number |  | | | |
| Emergency Contact Name and phone number |  | | | |
| Emergency Medication carried |  | | | |
| Swim Level | Non-swimmer / basic / advanced | | | |
| Other water-sport skills |  | | | |
| Birth Date | yyyy / mm / dd | | | |
| Disciplines paddled (circle) | Recreational Kayak / Sprint Kayak / Dragonboat / Outrigger / Voyageur | | | |
| I hereby authorize the person/persons in charge to secure such medical advice and services deemed necessary for my or my child’s health and safety. I will advise FCKC of any changes in my medical condition. | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant’s signature (or parent/guardian if under 18 years)  Date: | | |