

GATINEAU RIVER YACHT CLUB

PARTICIPANT MEDICAL INFORMATION AND AUTHORIZATION

PARTICIPANT INFORMATION		DATE OF BIRTH	D		M		Y	
NAME:								
ADDRESS:								
PROVINCE:					POSTAL CODE:			
TELEPHONE 1:				TELEPHONE 2:				
PROVINCIAL MEDICAL #								
PRIVATE INSURANCE (COMPANY NAME AND #)								
MEDICAL INFORMATION:								
ALLERGIES:								
PREVIOUS MEDICAL HISTORY:								
AUTHORIZATION BY PARENT/GUARDIAN TO SEEK TREATMENT:								
<p>I, the undersigned, permit participation in a full range of activities and authorize the instructor or his/her appointee, in the event of accident or illness, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the well-being of the participant.</p>								
signature					date			
PARENT/GUARDIAN INFORMATION								
NAME:								
RELATIONSHIP TO PARTICIPANT:	PARENT				GUARDIAN			
ADDRESS (IF DIFFERENT FROM ABOVE)								
PROVINCE:					POSTAL CODE:			
TELEPHONE 1:				TELEPHONE 2:				
NOTES:								