

Cochrane Comets Winter Swim Club

Personal Health Form

2008 -2009

Name: _____

Address: _____

Birthdate: _____ Height _____ Weight: _____

Mother: _____ Phone: (h) _____ (w) _____

Cell: _____

Address: _____

(if different than swimmer)

Father: _____ Phone: (h) _____ (w) _____

Cell: _____

Address: _____

(if different than swimmer)

Emergency Contact: _____ Phone: _____

Alberta Health Care Number: _____

Family Doctor: _____

Does the participant have any special health issues we need to be aware of?

I hereby authorize the Chaperone in charge to secure such medical advice or services that may be deemed necessary for the health or safety of the participant. I agree to accept financial responsibility in excess of the benefit allowed by Alberta Health Care.

SIGNED: _____ DATE: _____

WITNESSED _____