



MEDICAL HISTORY

Athlete's Name _____

Partner's Name (if applicable) _____

_____ Category

Please print clearly

NAME OF SKATER _____
(Surname) (First name)

_____/D ____/M ____/Y _____ AGE
(Date of birth)

FAMILY PHYSICIAN _____
(Surname) (First name) (Phone #)

(City) (Province)

EMERGENCY CONTACT _____
(Surname) (First name) (Phone #)

(City) (Province)

PROVINCIAL HEALTH CARD* _____
(Number) (Version Code) (Province)

*Your physician medical care on site is covered by the provincial health plans and will require a valid health card. Please bring your health card to the medical room when you require service or provide us with the information on this registration form and we will ensure that the medical clinic has it.

PAST MEDICAL HISTORY SUMMARY

Please list any medical problems or injuries that you have had in the last two (2) years including tests, x-rays, medications or treatment received. If you are still experiencing these problems please list the status as "ongoing" and if the problem has been resolved, please list the status as "resolved".

Date	Problem or Injury	Treatment	Current Status

Have you had any surgery in the last 12 months? Please describe:

Do you have any upcoming medical test or doctor's appointments? Please describe:



If you are currently receiving any rehabilitation treatment please specify below:

Are you currently wearing any type of adaptive equipment in partial treatment or protection for any existing injury or condition (eg orthotics, brace, helmet, etc.)? Please describe:

Type of treatment (physiotherapy, massage, Chiropractor, Athletic Therapy, etc.)	Name of provider	City and phone number of provider

ALLERGIES	Please list any allergies you may have to:
Medication :	
Food :	
The environment :	

NOTE: TYPE OF CARE PROVIDED BY SKATE CANADA Through its volunteer medical staff, Skate Canada undertakes to provide emergency first aid for new onset health issues at most competitive events. This service does not replace the need for accessing hospital medical services, or in some cases emergency outpatient clinic services. We do not have the resources to provide on-going care for existing medical, psychological or surgical conditions.

COMMENTS:

MEDICAL WAIVER

I hereby, _____ (athlete's name) agree that the relationship between myself and any attending physician, therapist or allied medical personnel in connection with the competition shall be governed by and constructed in accordance with the laws of the Province in which the competition is being held.

The athlete acknowledges that the treatment/service performed in the Province in which the competition is being held and that the Courts of the Province in which the competition is being held shall have jurisdiction to entertain any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising from the treatment. The athlete mentioned above hereby agrees that he/she will commence any such legal proceedings in the Province in which the competition is being held and only in that Province in which the competition is being held and hereby submits to the jurisdiction of the Courts of the Province in which the competition is being held.

(ATHLETE'S NAME) _____ hereby state that, to the best of my knowledge, the above answers are correct.

Signature of Athlete

Date

Signature of Parent/Guardian at competition (if athlete is under 18 years of age)

Date (if athlete is under 18 years of age)