GYMNASTICS ONTARIO
SPORT STARTS HERE

FORM 1

COMPETITIVE ATHLETE

MEDICAL DATA RECORD

NOTE: IF THE REQUESTED INFORMATION IS NOT PROVIDED, THE APPLICANT WILL NOT BE PERMITTED TO PARTICIPATE IN THE ACTIVITY

PLEASE PRINT CLEARLY IN INK OR TYPE

NAME OF PARTICIPANT			**BIRTH DATE (MM/DD/YYYY)**
NAME OF CLUB	**G.O. MEMBER #**	**DISCIPLINE** Select	**COMPETITIVE LEVEL/STREAM** Select
ADDRESS			
CITY	**PROVINCE**	**POSTAL CODE**	**TELEPHONE NO.**
NAME OF PARENT/GUARDIAN (If under 18)		**RELATIONSHIP**	**TELEPHONE NO.**
PLEASE LIST ALL EXISTING MEDICAL CONDITIONS/ALLERGIES (INCLUDING FOOD) OF THE PARTICIPANT			
PLEASE LIST ANY MEDICATIONS REQUIRED (TYPES/TIMES REQUIRED/STORAGE REQUIREMENTS/ADMINISTRATION PROCEDURES)			
NAME OF FAMILY PHYSICIAN	**TELEPHONE # OF PHYSICIAN**		**FAX # OF PHYSICIAN**
I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined in the reasonable discretion of his/her Personal Coach/Team Manager. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical results.			

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE INFORMATION ON THIS FORM IS KEPT CURRENT AND I WILL NOTIFY THE CLUB OF ANY CHANGES IMMEDIATELY

SIGNATURE OF PARTICIPANT (OR PARENT/GUARDIAN IF PARTICIPANT IS UNDER THE AGE OF 18)	DATE (MM/DD/YYYY)

PLEASE KEEP THIS FORM ON HAND. G.O. MAY REQUEST A COPY OF THIS FORM FOR INSURANCE PURPOSES.

The Coach is expected to have a copy of this form on hand for any competition or training.

(Over)

EMERGENCY CONTACT INFORMATION

IN THE CASE OF AN EMERGENCY INVOLVING THE PARTICIPANT, PLEASE CONTACT ONE OF THE FOLLOWING INDIVIDUALS		
1.	NAME	HOME/CELL TELEPHONE NO.
	RELATIONSHIP	BUSINESS TELEPHONE NO.
	ADDRESS	
2.	NAME	HOME/CELL TELEPHONE NO.
	RELATIONSHIP	BUSINESS TELEPHONE NO.
	ADDRESS	
3.	NAME	HOME/CELL TELEPHONE NO.
	RELATIONSHIP	BUSINESS TELEPHONE NO.
	ADDRESS	

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE HEAD OF DELEGATION/TEAM MANAGER/TEAM COACH FOR COMPETITIVE ATHLETES ONLY

PARTICIPANT RELEASE

THIS SECTION MUST BE COMPLETED IN THE EVENT OF AN EMERGENCY WHICH NECESSITATES THE RELEASE OF THE PARTICIPANT FROM THE ACTIVITY PRIOR TO THE PLANNED DEPARTURE TIME			
DATE RELEASED (M/D/Y)	TIME	RELEASED TO (PRINT NAME)	RELEASED TO (SIGNATURE)
ADDRESS (Street/P.O. Box No.)			TELEPHONE NO.
CITY	PROVINCE	POSTAL CODE	BUSINESS TELEPHONE NO.
PERSON TAKING RESPONSIBILITY IS KNOWN BY PARTICIPANT:	IDENTIFICATION CHECKED:		TIME RETURNED/COMMENTS
RELEASED BY (PRINT NAME)	RELEASED BY (SIGNATURE)		

RESET/CLEAR FORM