

Medical Form – Adult

The following information may assist an instructor in case of an emergency. Please take a moment to read and fill out the form. **Please hand in completed form to instructor on the first day of class.**

Program Name:	
Name:	
Address:	
Postal Code:	Date of Birth: M D Y
Home Phone:	Work Phone:
Doctor Name:	Doctor Phone:
Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:	
Do you require medication? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes please describe below.	
Emergency Contact Person:	
Home Phone:	Work Phone:

If you are presently on medication, specify the type, daily required dosage and what condition the medication is for:

Do you have any conditions or illness which limits your activities? (i.e. diabetes, asthma, emphysema, epilepsy, fainting, hay fever, headaches, heart condition, high blood pressure, nosebleeds, sensitivity to cold or heat, etc.).

Have you been under a doctor's care in the last 12 months, if yes, please give details:

Date of last tetanus shot: _____

Do you wear contact lenses? Yes No

Do you have any first aid certification?

Any other information to relay to the instructor:

Please sign consent
form on reverse side





Medical Form – Adult

Informed Consent - Adult

Dear Registrant:

Thank you for choosing to use the facilities, services or programs of The Corporation of the City of White Rock, Recreation and Culture Department. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following INFORMED CONSENT.

I, _____ declare that I intend to use some or all of the activities, facilities, programs and services offered by The Corporation of the City of White Rock, Recreation and Culture Department and I understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, services and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service and program brings with it the assumption by me of those risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that I possess and use. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any program activity and I realize that I should do so upon recognition of any signs of transient light-headedness, fainting, chest discomfort, leg cramps, nausea, etc.

I further understand that the activities, programs and services offered by The Corporation of the City of White Rock, Recreation and Culture Department are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, I acknowledge that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AGREEMENT in its entirety.

Participant

Witness

Date

Date

