PROVINCIAL TRACK AND FIELD CAMP

PARENTAL CONSENT/PERSONAL HEALTH RECORD FORM

Please complete form and attached a copy of valid Sask Health Card

Name:	D.O.B:
Surname Given Name	dd/mmm/yy

Address:		
Street/Box	City/Town	Postal

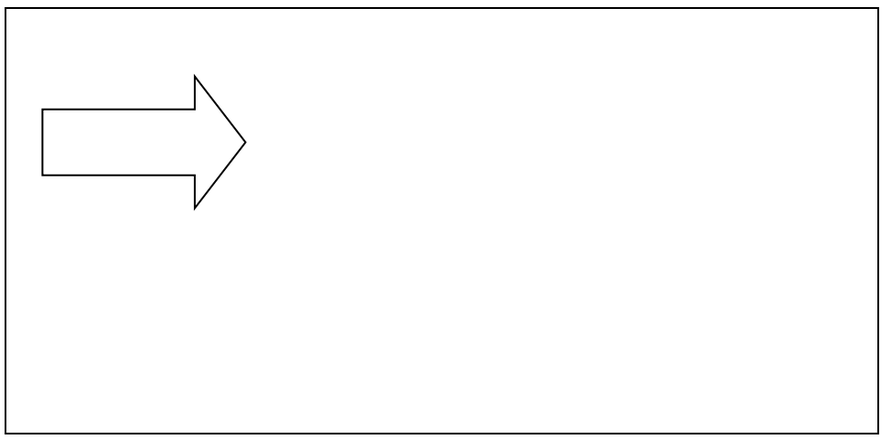
Home Phone:	Email:

Sask Health Card Number	Expiry

Parent/Guardian Info:	Cell Number(s)	Work Number(s)	Email

Clearly indicate all medicines that the applicant must use during the event period. These must be clearly marked and handed to the nurse upon arrival. (Name of medicine, condition for which medicine is prescribed, and dosage).

AFFIX PHOTO COPY OF YOUR VALID SASKATCHEWAN HEALTH CARD HERE:



Athlete Signature and Date Parent/Guardian Signature and Date

TREATMENT WAIVER

A variety of therapeutic services may be provided for the athletes attending a Legion Provincial and/or National Track and Field Camp. These therapists may be student therapists that are completing clinical hours as part of their educational program. The student therapists will be supervised by registered therapists at all times and the treatment will be performed through clothing or directly to skin on areas already exposed (i.e. legs, arms etc.).

In order for an athlete to be eligible for these services, the following form must be completed, initialed, signed and provided to the Legion Provincial Command for which the athlete is representing:

Name: _____ _____

Surname Given Name Phone Number

Indicate on the list below, which forms of treatment you ALLOW your child to undergo:

First Aid Treatment	☐	Athletic Injury Taping	☐
Cryotherapy (ice)	☐	Chiropractic Assessment	☐
Heat Therapy	☐	Acupuncture	☐
Physiotherapy	☐	Massage Therapy	☐

Initial as the parent /guardian each item below as approval:

_____ Initial — I give my consent for my child to be treated by a student therapist.

_____ Initial — The parent or guardian assumes full responsibility for the applicant's health such that athletic activities no way aggravate any present conditions.

_____ Initial — If for any reason, the athlete's medical status changes after this form has been signed and your permission should be withdrawn or changed, the parent/guardian is obligated to notify the Saskatchewan Command Office at 306-525-8739, admin.legion@sasktel.net or Fax 306-525-5023.

_____ Initial — In consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrators, release and forever discharge The Royal Canadian Legion, it's agents, servants, representatives, successors and assignee and other bodies, corporate firms associations or persons connected with the competitors of any and from any and all rights, claims, demands and actions whatsoever that I may have for any and all loss, damage or injury sustained by me or my equipment during said competitions.

_____ Initial — I also give permission for the free use of the applicants name and/or picture in any broadcast, telecast or other account of the above event.

_____ Initial — I attest and verify that the applicant is physically fit. I further provide my consent for the provision of emergency medical treatment, if necessary.

DOCTOR'S STATEMENT - TO BE COMPLETED BY EXAMINING PHYSICIAN

In your opinion and from your examination, do you believe that the applicant is fit to compete in all activities pertaining to the event?

Comments:_____

Date:_____**Examining Physician**_____

(Must be completed before acceptance to camp)

_____ _____

Athlete Signature and Date Parent/Guardian Signature and Date

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