



# CANADIAN PERFORMANCE CENTRE SKI JUMPING & NORDIC COMBINED

**A COPY OF THIS FORM MUST BE CARRIED BY ATHLETE'S COACH AT ALL TIMES**

## INTERNATIONAL TRAVEL & MEDICAL CONSENT FORM (For athletes under the age of 18)

Athlete's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**We/I** \_\_\_\_\_ **hereby give permission for our child**  
(Parent(s)/Guardian(s) name)  
 \_\_\_\_\_, **born on** \_\_\_\_\_,  
(Child's name) (Date)  
**to accompany** \_\_\_\_\_ **from the Canadian Performance Centre - Ski Jumping**  
(Coach(s) name)  
**and Nordic Combined in Calgary to an event/competition outside of Canada in** \_\_\_\_\_  
(Location)  
**on** \_\_\_\_\_ **. They will be returning to Calgary on** \_\_\_\_\_.  
(Dates) (Date)

### PARENT(S)/GUARDIAN(S) CONTACT INFORMATION

Mother/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_

### Other Emergency Contacts:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_



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We/I \_\_\_\_\_ being the parent(s) of \_\_\_\_\_  
(Parent(s)/Guardian(s) Name) (Child's Name)  
am aware that my child is involved in an activity where illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the coach in charge, or designate(s) \_\_\_\_\_  
to make arrangements for qualified surgical or medical attention for my child in the event of an emergency without the necessity of my prior approval. I understand that I will be notified as soon as possible in the event of any injury or accident. However, if medical attention authority is exercised; such action was considered necessary for the safety and well being of my child.

## IMPORTANT MEDICAL INFORMATION

Alberta Health Care Number: \_\_\_\_\_ Allergies: \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Current Medications (including dosage instructions): \_\_\_\_\_

### Out of Country Medical Insurance:

Policy #1 Member Name:

Insurance Company Name:

Insurance Policy Contract #:

Member ID #:

Insurance Company (Canada USA) Phone #:

Insurance Company (Overseas) Phone #:

Insurance Company Email:

Policy #2 Member Name:

Insurance Company Name:

Insurance Policy Contract #:

Member ID #:

Insurance Company (Canada USA) Phone #:

Insurance Company (Overseas) Phone #:

Insurance Company Email:

### Permission to Participate:

I the undersigned, after having read, understood and completed the above, hereby give my permission for my child to attend and participate in the following activities: Ski Jumping, Cross Country skiing, In line Skating, Biking, Swimming, Gymnastics, Soccer, Cross training, Physical training, Skiing / Hiking / Biking whilst accompanied by the coach.

### Dates this consent is effective:

\_\_\_\_\_ to \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_