

**Foothills Stingrays Swim Club
Travel Medical Information Form**

PERMISSION FORM IS DUE NO LATER THAN FRIDAY, 17th JANUARY, 2014

Trip Name and Date(s):

- Western Canadian Championships – 12th – 17th February, 2014

SWIMMER INFORMATION

Swimmer's Name: _____

Parent/Guardian Names: _____

Address: _____

City, Province: _____ **Postal Code:** _____

Daytime Phone: _____ **Evening Phone:** _____

Alberta Health Care #: _____

Birth Date: _____ **Gender:** _____

In the event of an emergency, notify: _____ **Relation:** _____

Address (if different from above): _____

City, Province: _____ **Postal Code:** _____

Daytime Phone: _____ **Evening Phone:** _____

Allergies:

Recent Illnesses:

Operations, serious accidents:

Current Medications (include details on dosages especially asthma inhalers):

Are you allergic to any medication, or suffer from harmful side effects with particular medications? If so, please indicate which medication(s):

Name of Family Physician:

Physician's Office Address: _____

Physician's Phone: _____

Please note if you have had an occurrence of any of the following:

	YES	NO		YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Anemia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy
	<input type="checkbox"/>	<input type="checkbox"/>	Other lung disorder	<input type="checkbox"/>	<input type="checkbox"/>	Mental illness
	<input type="checkbox"/>	<input type="checkbox"/>	Heart disorder	<input type="checkbox"/>	<input type="checkbox"/>	Other chronic illness

If you checked YES for any of the above, please explain present condition on a separate sheet.

To the best of my knowledge, the above information is correct and current.

Signature of Parent/Guardian: _____

Date: _____

NOTICE: The following is required. Applicants or participants will not be accepted without it:

I AUTHORIZE THE CHAPERONE(S) TO GIVE OR ARRANGE FOR ALL NECESSARY MEDICAL CARE FOR THE PARTICIPANT IN CASE OF ILLNESS OR INJURY WHILE ON THIS TRIP. I UNDERSTAND THAT MEDICAL EXPENSES INCURRED DURING THE TRIP ARE THE RESPONSIBILITY OF THE PARTICIPANT AND PARENT/GUARDIAN. IN SIGNING BELOW, I ACKNOWLEDGE AS THE PARTICIPANT'S PARENT/GUARDIAN THAT I UNDERSTAND AND WILL COMPLY WITH THE ABOVE STATEMENTS.

Signature of Parent/Guardian: _____

Date: _____

<p style="text-align: center;">FOOTHILLS STINGRAYS SWIM CLUB</p> <p style="text-align: center;">Parent/Guardian Consent and Acknowledgement of Risk Form 2013-2014</p>
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The purpose of the information on this form is to provide the coaches and chaperones with any additional information they need for the chaperoned trip.

A. Information

Swimmer's Name: _____

My child will be given the opportunity to participate in the following program or activity:

Activity Name: Western Canadian Championships, New Westminster, BC
Dates: Wednesday 12 th February – Monday 17 th February, 2014
Location: Travel to Vancouver via Air Canada
Coaches/Chaperones in Charge: Coaches: Todd Melton (Head Coach) Chaperone: Emma Hesterman
Other Information (costs, etc): <ul style="list-style-type: none">• Meet fees/coaching fees.• All in one package of food/lodging/travel.

Foothills Stingrays Swim Club will make every reasonable effort to ascertain that:

- a) The Coaches and Chaperones are trained and qualified (Criminal Record Checks completed)
- b) The swimmers who undertake the program or activities will be adequately supervised throughout the trip.
- c) The location and/or facilities meet the applicable health and safety standards.

The reasonable foreseeable risks associated with this activity include, but are not limited to:

- Extreme Weather Driving Conditions
- Athletic Injuries
- Driving Accident
- Allergic Reaction
- Food/Water Contamination
- Sickness (Cold/Flu)

B. PARENT/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Transportation:

1. Swimmers will be transported via Air Canada flight.

PLEASE MEET AT AIR CANADA CHECK-IN AT 12:30pm Wednesday 12th February, 2014. We will depart on AC 217 at 2:15pm arriving Vancouver at 02:50pm. On Monday 17th February, flight AC 210 departs at 11:00am, arriving Calgary at 01:27pm. Chaperone will be responsible for calling/texting or e-mailing all parents to give a more accurate estimate on arrival.

2. I accept the mode of transportation for this activity as outlined above.
3. I am satisfied that I have been (sufficiently) informed about this activity or program and the risks associated with this activity. I acknowledge that the reasonable foreseeable risks of this activity are not limited to those identified in this information package.
4. I freely and voluntarily assume the risks and hazards inherent in the nature of the activity and understand and acknowledge that my child, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
5. I agree to release from liability, indemnify and hold harmless the Foothills Stingrays Swim Club; Coaches, Chaperones, and Board of Directors, from any and all claim and/or cause of action arising out of my child being transported.
6. My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the Coaches/Chaperones as imposed on them while participating in the activities.
7. In the event that my child fails to abide by the rules and regulations imposed on the swimmer while participating in the competition, disciplinary action may either require that he/she not participate in the activity, or that I will be contacted to have him/her picked up, unless I have permitted my child to pursue alternate means of transportation, as appropriate.
8. I acknowledge that it is my responsibility to advise Foothills Stingrays Swim Club of any medical or health concerns of my child, which may affect his/her participation in the stated activity.
9. Swimmers travelling with the team, are not allowed to leave the hotel to meet friends or family under any circumstances, unless approved by the Head Coach, otherwise they will be removed from the meet.
10. I contest that Foothills Stingrays Swim Club, through its Coaches, Chaperones may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
11. Based on my understanding, acknowledgement and consents as described herein, I agree that _____ (name of swimmer) has my permission to participate in this swim competition.

Name: _____ Signature: _____
Parent/Guardian (Please Print) Parent/Guardian

Date: _____

FORMS SUBMITTED AFTER THIS TIME AND DATE MAY EXCLUDE YOUR SON OR DAUGHTER FROM PARTICIPATING IN THE ACTIVITY

