

POWER SMART MANITOBA GAMES MEDICAL CONSENT FORM

The Provincial Host Society will provide emergency medical health care services to the athletes and coaches of the 2014 Power Smart Manitoba Winter Games. Athletes must complete this form in order to be considered eligible for participation in the provincial finals. This form will be given to the provincial host society medical committee. Each individual athlete must sign this form. Anyone under the age of 18 years must have this form signed by a parent or guardian. Please return completed forms to your Sport Manitoba regional office.

Region: _____ Sport: _____ Date of Birth: _____

Last Name: _____ Middle Name: _____ First Name: _____

Health Number (6): _____ Health Number (9): _____

Allergies: _____

Medical Conditions (chronic): _____

Previous Surgeries/Injuries (four years): _____

Medications: _____

Emergency Contact Person Full Name: _____

Relationship to participant: _____

Day Phone: _____ Evening Phone: _____ Other: _____

Contact Preference: Day or Evening (circle one)

I hereby authorize emergency medical or surgical treatment for myself/my son/my daughter/my ward if such treatment is needed during the 2014 Power Smart Manitoba Winter Games. I hereby release all persons involved in the organization or operation of the 2014 Power Smart Manitoba Winter Games, the Province of Manitoba, Sport Manitoba, the Provincial Host Society and the applicable provincial sport organization from any claims, actions, demands or damages of any kind whatsoever that I /my son/my daughter/my ward may have and any and all loss, damage or injury sustained by me/my son/my daughter/my ward or my/his/her equipment in anyway related to participation in the 2014 Power Smart Manitoba Winter Games, including any related travel and emergency medical or surgical treatment.

I decline the following types of treatments or procedures: (please check the boxes to all types of treatment you wish not to receive)

- Athletic Therapy treatment
- Physiotherapy treatment
- Massage Therapy treatment
- Chiropractic treatment

I have read this document carefully and fully understand its terms. I understand that I have given up substantial rights by signing it, and sign freely and voluntarily, without any inducement, and with the full opportunity to obtain legal or other advice.

Each individual must sign this.

* Anyone under the age of 18 years must have this signed by parent or guardian.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Note: All information will be kept confidential.

SUBMISSION DEADLINE: January 15, 2014
Please return this form to your Regional Office

Note: All Sport Manitoba Managers and Sport Team Managers will have access to all medical forms.