

EDMONTON NORDIC SKI CLUB
ADULT REGISTRATION FORM Winter 2009-10

Name _____ Phone _____

Email _____

Course Title	Course Date

Medical Information

Person to contact in case of an emergency: _____

Daytime phone _____ Evening phone _____

Backup Contact _____

Daytime phone _____ Evening phone _____

Do you have any of the following conditions or a history of any of these conditions?

- Asthma Bronchitis Heart or cardio-vascular problems/disease
- Diabetes Fainting spells Chronic bone, muscle or joint injuries
- Convulsions/seizures Migraine headaches Other conditions, please specify _____
- _____
- _____

How would you rate your fitness level

- Sedentary Moderately fit Very fit

Medical Emergency Permission

I understand that I must be healthy in order to safely participate in the ENSC classes. The health history is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the staff or volunteer to provide routine health care and seek emergency treatment. I agree to share the medical information on this form with only the instructors and class administrators.

Signature _____

Date _____

For further information: Jim Brohman brohman@shaw.ca or Iris Barrington Leigh irisbl@gmail.com