

**CITY OF KELOWNA
RECREATION & CULTURE**

MEDICAL REPORT AND WAIVER FORM

Re: Program: _____ Date: _____

PLEASE RETURN TO YOUR INSTRUCTOR THE FIRST DAY OF CLASS

For the health, safety, and comfort of the participant, it is required that this form be filled out accurately. Please answer all questions.

NAME: _____ AGE: _____ SEX: _____

ADDRESS: _____ HEIGHT: _____

WEIGHT: _____ (lbs.) MEDICAL # _____

MEDICATION: If the applicant is under medication, please list below:

GENERIC NAME	DOSAGE	TIME GIVEN

IS THIS PERSON SUBJECT TO ALLERGIES? YES: _____ NO: _____

SPECIFY ALLERGIES: _____

TREATMENT REQUIRED: _____

IS THIS PERSON EPILEPTIC? YES: _____ NO: _____

If yes, please elaborate as to type, frequency, any factors likely to cause seizure, and the effectiveness of medication: _____

IS THIS PERSON A DIABETIC? YES: _____ NO: _____

If yes, please indicate any special diet: _____

HAS THIS PERSON RECEIVED A TETANUS IMMUNIZATION? YES: _____ NO: _____

If yes, when? _____

(See Over)

Please list any precautions or physical limitations that may affect yours or your child's enjoyment and learning, i.e. joint problems, previous injuries, etc. If you have any other information that may be of assistance to the instructor, we would appreciate it if you would inform us.

Pertinent information to note about the program: _____

IN CASE OF EMERGENCY, CONTACT:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME OF DOCTOR: _____ PHONE: _____

In consideration of enrollment in the above program, I waive and release any and all rights of claim for damages I may have or acquire against the City of Kelowna and its officers, agents, servants, and employees for any and all injuries, infections, and sickness suffered by me and I acknowledge the rules laid down by this program governing its operation and that it remains the sole responsibility of the participant to act and govern himself/herself in such a manner as to be responsible for his/her own safety.

NAME OF PARTICIPANT: _____

SIGNATURE OF PARTICIPANT: _____

DATE: _____

ALL ENTRANTS UNDER THE AGE OF 19 MUST OBTAIN A PARENT/GUARDIAN'S CONSENT IN THE SPACE BELOW:

PARENT/GUARDIAN: _____

ADDRESS: _____ PHONE: _____

CONSENT: I, _____, do hereby declare that I am the parent or legal guardian of the above participant, and hereby consent that he/she may be a participant in the above program.

PARENT'S/GUARDIAN'S SIGNATURE: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement. Personal information on this form is collected under the authority of the Municipal Act, R.S.B.C. 1996, c323 and the Freedom of Information and Protection of Privacy Act, R.S.B.C. 1996, c165 and is necessary for the operation of the City of Kelowna recreation programs and related activities. Questions about the collection of this information are to be directed to the

Recreation Services Manager, Parkinson Recreation Centre, 1800 Parkinson Way, Kelowna, BC, V1Y 4P9 (250) 469-8800.