



Recreation & Cultural Services
 1800 Parkinson Way
 Kelowna, BC V1Y 4P9
 250 469-8800
 kelowna.ca

Waiver

Medical Report & Waiver

FORM #2

WAIVER #2 (MEDICAL REPORT & WAIVER)

PLEASE RETURN TO THE INSTRUCTOR ON THE FIRST DAY OF CLASS

For the health, safety, and comfort of the participant, it is required that this form be filled out accurately once per year or if any medical condition changes. Please answer all questions.

Name:	
Address:	
Phone:	Date of Birth:
Person to call in case of emergency:	
Phone:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Doctor's Name:	
Personal Medical #:	
Phone:	Fax:

MEDICAL HISTORY

Please complete in point form

Medication: if the participant is under medication please list below		
Generic Name	Dosage	Time Given

Does this person have allergies? YES NO

Type of allergies: _____

Treatment required: _____

Does this person have epilepsy? YES NO

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

Does this person have diabetes? YES NO

If yes, please indicate any special dietary requirements:

Has this person received a tetanus immunization? YES NO Date of immunization: _____

Please list any precautions or physical limitations that may affect this person's enjoyment & participation, i.e. joint problems, previous injuries, medical/mental health issues etc. Please list any other information that may be of assistance to the Instructor. _____

WAIVER

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 PARTICIPANTS UNDER THE AGE OF 19 MUST OBTAIN PARENT/GUARDIAN CONSENT 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/GUARDIAN SIGNATURE: _____

DATE: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

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