



ALBERTA SKI JUMPING
& NORDIC COMBINED



SKI JUMPING NORDIC COMBINED TRAINING CENTRE

DOMESTIC TRAVEL INFORMATION PACKAGE

ATHLETE NAME:

EVENT:

LOCATION:

DATES:



SKI JUMPING NORDIC COMBINED TRAINING CENTRE

A COPY OF THIS FORM MUST BE CARRIED BY ATHLETE'S COACH AT ALL TIMES

EMERGENCY CONTACT/CONSENT FORM

Note: If applicant is under 18 parent or guardian must sign.

Athlete's Name: _____ Home Phone: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

E-mail: _____

Residents of all Provinces/Territories except Quebec:

Experience has shown that in connection with SJNCTC activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the coach in charge, or designate, to make arrangements for qualified surgical or medical attention for my child in the event of an emergency without necessity of my prior approval. I understand that I will be notified as soon as possible in the event of any injury or accident. However if medical attention authority is exercised, such action was considered necessary for the safety and well being of my child.

IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING ANY PERIOD WHEN THE TRAINING IS BEING HELD, PLEASE INDICATE WHERE YOU CAN BE CONTACTED:

PARENT(S)/GUARDIAN(S) CONTACT INFORMATION

Phone: Work: _____ Cell: _____ Other: _____

Other Emergency Contacts:

1. Name: _____ Phone: _____ Cell: _____

2. Name: _____ Phone: _____ Cell: _____

IMPORTANT MEDICAL INFORMATION

Alberta Health Care Number: _____ Allergies: _____

Other Medical Conditions _____

Current Medications: _____

Out of Country Medical Insurance Policy #: _____

Permission to Participate:

I the undersigned, after having read, understood and completed the above, hereby give my permission for my child to attend and participate in the following activities:

Ski Jumping, Cross Country skiing, In line Skating, Biking, Swimming, Gymnastics, Soccer, Cross training, Physical training, Skiing / Hiking / Biking or similar trips within Canada.

Signature: _____ Date: _____