



BANFF ALPINE RACERS

MEDICAL AUTHORIZATION AND INFORMATION FORM BANFF ALPINE RACERS 2024 SAAS FEE SKI CAMP

Athlete Name:

Legal Parent or Guardian Authorization:

In case of emergency, I hereby authorize and consent for Duane Baird or Bennett Erickson to seek any required medical treatment for the Athlete named above and to give instructions related to such medical treatment.

Name of Parent or Guardian:

Signature of Parent or Guardian:

Emergency Contact Phone #:

Medical Information:

Family Physician:

Family Physician Phone #:

Provincial Health Care #:

Allergies/Medical Conditions that the Coaches should be aware of:

In witness whereof I have signed, this day of , 2024.

Signature of Parent or Guardian:

Name of Witness:

Signature of Witness:

THIS FORM IS TO BE CARRIED BY THE LEAD COACH & DESTROYED UPON RETURN FROM CAMP