



**MEDICAL AUTHORIZATION AND INFORMATION FORM**  
**BANFF ALPINE RACERS 2025 SAAS FEE SKI CAMP**

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**Athlete Name:**

**Legal Parent or Guardian Authorization:**

In case of emergency, I hereby authorize and consent for Duane Baird, Luke Patterson, Todd McNutt, Louis-Pierre Helie, Pete Bosinger 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 , 2025.

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**