



1870 Lorne Street
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Wascanacanoekayak@gmail.com

Wascana Racing Canoe Club Participant Medical Information & Waiver

Participant Name: _____ Date of Birth: ____/____/____
Year / Month / Day

Address: _____ Postal Code: _____

Phone: _____

Emergency Contacts:

Name	Relationship	Phone	Email

Participant's Saskatchewan Health Card #: _____

Medical Notes (Allergies, Asthma, Medications, Other)

1. _____
2. _____
3. _____
4. _____
5. _____

Waiver for all Participants:

In some circumstances it may not be possible for WRCC staff to contact parents / legal guardians to obtain permission to proceed with emergency medical treatment. I hereby authorize WRCC staff to represent my child in dealing with medical practitioners to ensure provision of appropriate and timely medical services.

Printed name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date