



Youth Cross Country Athlete Medical Form

Athlete's Name: _____

Date of Birth: _____

Alberta Health Care #: _____

Parents Names: _____ and _____

Phone Numbers (h) _____ (w) _____ (c) _____

Emergency Contacts:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Any Allergies?

Medical Conditions we should know about?

- I understand that in skiing, as in all sport, there are inherent risks associated with participation

Parent's signature: _____

Date: _____