
 CANADIAN FREESTYLE SKI ASSOCIATION MEDICAL INFORMATION AND AUTHORIZATION		 FREESTYLE SKI ACROBATIQUE						
ATHLETE INFORMATION		DATE OF BIRTH	D		M		Y	
NAME:								
ADDRESS:								
				POSTAL CODE:				
TELEPHONE 1:				TELEPHONE 2:				
MEDICAL INFORMATION:								
ALLERGIES:								
PREVIOUS MEDICAL HISTORY:								
SPECIAL LIMITATIONS OF TREATMENT:								
AUTHORIZATION BY PARENT/GUARDIAN TO SEEK TREATMENT:								
<p>I, the undersigned, hereby authorize the Team Coach or chaperone to seek medical treatment for this athlete in the instance of serious accident or injury, providing that I am contacted as soon as possible.</p>								
signature					date			
PARENT/GUARDIAN INFORMATION								
NAME:								
RELATIONSHIP TO ATHLETE	PARENT				GUARDIAN			
ADDRESS (IF DIFFERENT FROM ABOVE)								
				POSTAL CODE:				
TELEPHONE 1:				TELEPHONE 2:				
<p>Notify the insurance company at 1-800-216-3588 within 24 hours of an accident.</p> <p>And fax completed Accident Report Form to:</p> <p style="text-align: center;"> CANADIAN FREESTYLE SKI ASSOCIATION Suite 321 1367 West Broadway Vancouver, British Columbia V6H 4A9 Tel: (604) 714-2233 Fax: (604) 714-2232 </p>								