

Universal Athletics Club Medical/Waiver Form



First Name: _____ Last Name: _____

Date of Birth: (dd/mm/yy) _____ Male: Female:

Address: _____ City: _____

Postal Code: _____ Phone: _____

Email: _____

School: _____

BC Athletics Number (if any): _____

Copy of Birth Certificate Attached? Yes No

Coach: _____

Fathers Name: _____ Work Phone: _____

Mothers Name: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Family Doctor Name: _____

Family Doctor Phone: _____

BC Care Card #: _____

Any Previous/Current Medical
Conditions?" _____



Acknowledgment of Risk

The responsibility of sport safety must be shared by all.

I, _____ (applicant/parent of applicant), am thus aware that there is a certain risk of injury involved in mine or my child's participation in sport, traveling, or while participating in training, programs, activities, events, and/or competitions which are sanctioned/approved by BC Athletics, its divisions, its member clubs or recognized organizing societies. It is understood by me that the signing of this document is intended to indicate an understanding of the above on my behalf and or the behalf of my child. I assume the shared responsibility and acknowledgement of the risk involved.

Parent(s)' Signature: _____

Applicant's Signature: _____