



National Cycling Center Calgary Summer 2010 Para Cycle Clinics



Please Check your program Choice Below:

- Edmonton June 25-27 2010
- Calgary August 27-29 2010
- Calgary-Provincial Championships ITT and Track Septmber 3-6 2010

Please note that participants are encouraged to attend multiple clinics leading up to Provincial Championships in September

Please return this form to Stephen Burke 1 week prior to the start date of the first clinic you wish to attend

Email sgburke@ucalgary.ca

Fax 403-282-6972

Personal Information

Given Name(s)	Surname	Male/Female
Date of Birth	Email Address	Age
Cycling Club		

I hereby acknowledge that the information contained in this form is complete and correct to the best of my knowledge. I understand how the National Cycling Centre Calgary will use the information contained in this application and understand my rights in accordance with the FOIP.

Athlete's Signature

Parent's Signature (if athlete is under 18)

Date:

Date:

Section 2

Name

Permanent Address

Street	City	Province/State
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Country	Postal/Zip	Home phone	Cell phone
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Calgary Address (if different from above)

Street	Postal Code	Cell phone
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Mother's Name	Home phone	Cell/Work phone
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Father's Name	Home phone	Cell/Work phone
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Section 3 - Health Info

Health Care

Province/Country:	
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Emergency Contact:

Name:	Phone Nos:
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Head Injuries / Concussions

Have you ever had a head injury?	Yes / No	_____
Have you ever had a concussion?	Yes / No	_____
Have you ever been knocked unc	Yes / No	_____
Duration of unconsciousness:		
Time before returning to activity:		
Do you have persistent problems	Memory	Yes
	Dizziness	Yes
	Headaches	Yes

Past Medical History

Please specify and elaborate on any conditions (listed below) that you are experiencing. As well, where applicable, please provide the most recent dates for/ of the conditions/ occurrences. (please

Allergies	Yes / No	_____
Heart Disease	Yes / No	_____
Liver Disease	Yes / No	_____
Kidney Disease	Yes / No	_____
Skin Disease	Yes / No	_____
Diabetes	Yes / No	_____
Hernia	Yes / No	_____
Anemia	Yes / No	_____
Asthma	Yes / No	_____
High Blood Pressure	Yes / No	_____
Other	Yes / No	_____

Do you take any medication on a permanent / semi-permanent basis (ie. Birth control, anti-inflammatory, steroids, etc):

Yes / No _____

Do you wear glasses? Yes / No _____

Do you wear contacts? Yes / No _____

Do you have any other medical conditions of which we should be aware of:

Yes / No _____

Please give the dates of your last immunization for:

Mumps _____
Tetanus _____
Rubella _____
Polio _____
Measles _____

Neck Injuries / Stingers / Burners:

Have you ever had a neck injury? (sprain/strain/fracture) Yes / No

Have you ever had a neck injury that disabled you for more than a few Yes / No

Drivers License:

License Number: _____ Province: _____ Expiry Date _____

Musculo-Skeletal Injuries:

Have you had a broken bone or fracture in the last 5 years?	Yes / No
If yes, what type of injury: _____	
Have you had a shoulder injury in the last 5 years?	Yes / No
If yes, Right or Left and type of injury: _____	
Have you ever injured your back in the last 5 years?	Yes / No
If yes, what type of injury: _____	
Did it require surgery: _____	
Do you presently have back pain?	Yes / No
Have you injured your knee (cartilage/meniscus/ligaments/tendons)?	Yes / No
If yes, what type of injury: _____	
Have you had severe ankle sprain in the last 5 years?	Yes / No
If yes, what type of injury: _____	
Do you have an injury that has not completely healed?	Yes / No
If yes, which injury/injuries: _____	

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). The personal health information you provide to the National Cycling Centre Calgary is collected, used and disclosed in accordance with the provisions of the Health Information Act, and is used to manage any health concerns that may arise while participant is under the National Cycling Centre Calgary's care. Alternative contact and medical information will only be used in medical emergency. Financial information will be used to process payment. All payments received for Programs are **NON-REFUNDABLE**. Should you prefer not to receive any additional material, or if you have any questions about the collection or use of this information, please contact the National Cycling Centre Calgary at **403.220.8008**.