



Durham Speed Skating Club

Participants Data Sheet



Participant's Name:		Nick/Preferred Name:	
Phone:		Date of Birth:	
Email:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Parents or Guardian Name(s):		Cell #:	
Emergency Contact:		Phone #:	
Family Doctor:		Phone #:	
OHIP # (optional):			

Has your doctor ever denied permission for the skater to participate in a physical activity?

Yes No

If yes, why: _____

Any health problems or allergies?

Yes No

Please explain: _____

Any previous injuries?

Yes No

Please explain: _____

What other sports does the skater participate in?

Any other information you feel important that the coaches should know:

NOTICE OF WARNING

There is a potential risk for injury involved in training and participating in any sport. The DSSC and OSSA has tried to create a safe and controlled environment for safe participation. The DSSC, OSSA, and officials have established rules in conjunction with the governing body for participation and conduct on and about the area that should be followed.

Authorizing Signature(s): Parent/Guardian if under 18		Date:
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