

CCA Medical Disclosure Form

Purpose

Paddle sports are exciting activities but do come with their share of injury risk. We do our best to ensure a fun & safe experience but ultimately, each person is responsible for their own well being. All activities are conducted with the "Challenge by Choice" practice - you make the call. We are requesting the following medical information to aid us in the event of an injury so we can determine the best course of action.

NOTE: This medical form is for the use of this class only, it will be destroyed at class completion.

Participant

Name:

Phone Number:

Address:

Emergency Contact

Name:

Phone Numbers:

Address:

Email:

Medical Insurance

Company:

Policy Number:

Family Doctor:

Phone Number:

Medical History

Recent Injuries/Surgery?

Yes

☐

No

☐

Require medications?

Yes

☐

No

☐

Carry?:

Allergies?

Yes

☐

No

☐

Asthma?

Yes

☐

No

☐

Heart Disease?

Yes

☐

No

☐

Epilepsy/Seizures?

Yes

☐

No

☐

Diabetes?

Yes

☐

No

☐

Bleeding/Clotting Disorder?

Yes

☐

No

☐

Are you pregnant?

Yes

☐

No

☐

Strains/Dislocations/Broken Bones?

Yes

☐

No

☐

Do you have any medical condition that might interfere with your being able to participate in the activity safely? Please Explain: