



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: _____

_____ - Initial pls - We have read and agree to the DSSC Concussion Protocol at :
<http://www.durhamspeedskatingclub.ca/wp-content/uploads/2018/09/Concussion-Protocol-2018.pdf>

Has the participant received a concussion in the past 12 months?

Yes No

If yes, please outline the date of the concussion, the duration that the participant was prohibited from sport, and has the participant received a clearance letter from a doctor or nurse practitioner to return to sport?

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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