



**2010 PROVINCIAL SELECTIONS  
ATHLETE/COACH/MANAGER  
PARTICIPATION REGISTRATION FORM**

**Sport:** \_\_\_\_\_

\_\_\_\_ Athlete      \_\_\_\_ Coach      \_\_\_\_ Manager

**PRINT - Name-First & Last :** \_\_\_\_\_

Date of Birth: (mm/dd/yy): \_\_\_\_\_

Address \_\_\_\_\_

Community \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

**Aboriginal Ancestry Information (Circle One):**

Status:      First Nation      Non Status First Nation      Metis      Inuit      Dene

Proof of Aboriginal Ancestry:

Card#: \_\_\_\_\_ or letter from First Nation \_\_\_\_\_

Member of what First  
Nation: \_\_\_\_\_

\*Proof does not need to be provided until selected to the team

**PLEASE PROVIDE PHOTOCOPY OF CARD/ LETTER**

**Emergency Contact** - First & Last Name \_\_\_\_\_

Emergency Contact Relationship (i.e. father, brother) \_\_\_\_\_

Emergency Contact Phone # (inc Area Code) \_\_\_\_\_

**Family Physician** - First & Last Name \_\_\_\_\_

Physician Phone # (Inc Area Code): \_\_\_\_\_

Physician Fax # (Inc Area Code) \_\_\_\_\_

**Alberta Health Care #** \_\_\_\_\_ **Photocopy Provided**

**Vaccination Status** - Meningitis (include Type and Year of vaccination):

\_\_\_\_\_

**Vaccination Status** - Tetanus (include type and year of vaccination)

\_\_\_\_\_

**Hospital Stay** - Have you been taken to the hospital by ambulance or have you had a hospital stay within the last year? Please list the reason.

\_\_\_\_\_

\_\_\_\_\_

**Dietary Considerations** - Do you have any of the dietary preferences - Vegetarian or Vegan?

\_\_\_\_\_

**Medication** - Please list any medication you are currently taking.

This includes:

- Prescription drugs - Supplements
- Non-prescription drugs - Birth control
- Vitamins - Epi-Pen

\_\_\_\_\_

\_\_\_\_\_

**Injuries** - Have you had any of the following Injuries:

- Head Injury/ Concussion - Asthma or Breathing problems
- Major surgical procedure - Neck or Back Injury
- Trauma or overuse to any joint/bone or to any ligament/tendon

If so, please provide additional information (ie Minor Concussion in 2002).

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**Conditions** - Have you had any of the following Conditions:

- Bleeding or Blood disorder - Skin conditions
- Diabetes - Infectious diseases
- Heart Disease - History of Seizures or Epilepsy

If so, please provide additional information.

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**Disabilities** - Does your medical history include any of the following Disabilities:

- Downs Syndrome - Visually impaired
- Hearing Impaired - Speech Impairment
- Paraplegic - Quadriplegic

If so, please provide additional information.

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**Allergies & Reactions** - Please list here.

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**Other** - Do you have any other medical concerns?

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- I understand that it is my responsibility to keep the coach/ manager advised of any change in the above information as soon as possible and that in the event no one can be contacted; coach/ manager will take my child to the hospital if deemed necessary.
- I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

- I also, authorize release of information to appropriate people (coach, physician, and nursing staff) as deemed necessary

Date: \_\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_

**Disclaimer**

The coaches / managers/ officials for NAIG 2011, Indigenous Sport Council (Alberta), or other proprietors are not liable and will not be held responsible for any accident, personal injury, or loss of any kind.

\_\_\_\_\_  
Parent name Signature Date

**Coach/ Manager Verification**

I \_\_\_\_\_ ( coach/ manager) for the sport of  
**Print Name**

\_\_\_\_\_ hereby verify that the

Information is complete with all required photocopies.

\_\_\_\_\_  
Coach/ Manager Signature

OFFICE USE		
<b>Membership Fee Paid:</b>	<b>Yes</b>	<b>No</b>
<b>Outstanding Debts (if any) 2008 NAIG</b>	<b>Yes</b>	<b>No</b>
<b>Member in Good Standing</b>	<b>Yes</b>	<b>No</b>