

Last Name: _____

Camp: _____

Camp Date: _____

**University of Saskatchewan
Children's Activity Camps / Dance Camps
Disclosure of Medical Information**

Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Camp: _____ Camp Date: _____

Emergency Contact: _____ Relation: _____

Contact #: (h) _____ (w) _____ (c) _____

Past Injuries / Surgeries: _____

Medical Conditions / Medications: _____

Allergies: _____

I hereby certify the above information to be correct:

Participant Signature: _____

Parent / Guardian Signature: _____

Date: _____

The College of Kinesiology and Recreation Services collects personal information to be used only for purposes which are necessary for the provision of health care services to participants in the Children's Activity Camps and Dance Camps. The College of Kinesiology and Recreation Services adheres to Privacy Policy and Procedures which can be requested from or viewed at Recreation Services, 306-966-1001.



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