

Ptarmigan Nordic Ski Club

P.O. Box 6225, Fort McMurray, Alberta, T9H 4W1
www.ptarmigannordic.org



PNSC Youth Program Participant Medical Form

Please fill in the information below. This information will only be used by the PNSC for youth program purposes.

Name	Date of Birth: (MMM-DD, YYYY)	Allergies
1		
2		
3		
4		
5		

Contact Information

Parent Name(s):	
Home Phone:	Cell Phone:
Street Address:	Postal Code:
Emergency Contact Name / Relationship to Youth(s):	
Home Phone:	Work Phone:

Medical Information

Family Doctor Name / Phone Number:	
Any Important medical conditions?	If yes, please list and identify which child:

Parent Signature

Date