

**CHAMPIONS- MANITOBA HIGH SCHOOLS  
ATHLETIC ASSOCIATION**

145 Pacific Avenue, Winnipeg, Manitoba R3C 4M2

Phone: 925-5640 Fax: 925-5624

**MEDICAL AND DIETARY INFORMATION**

Name of Student: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

-

School: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Town

Province

Postal Code

YY/MM/DD

Family Doctor Name: \_\_\_\_\_

Manitoba Health No: \_\_\_\_\_

Notify in Case of Emergency: \_\_\_\_\_

Name

Relationship

(1) Telephone: \_\_\_\_\_

Home

Work

\_\_\_\_\_

Name

Relationship

(2) Telephone: \_\_\_\_\_

Home

Work

1. Are you presently under medication? (If so, please name the medication.)

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2. Are you allergic to any medications? \_\_\_\_\_ If so, what?

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3. (a) Do you have special dietary needs? (diabetic, vegetarian)

(b) Do you have any food allergies? If YES, please list them.

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4. Do you have any other special needs we should be aware of?

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5. Please check ( ) if you have had a history of the following:

(a) Asthma \_\_\_\_\_

(b) Convulsion or Epilepsy \_\_\_\_\_

(c) Diabetes \_\_\_\_\_

(d) Fainting \_\_\_\_\_

(e) Heart Disease \_\_\_\_\_

(f) Hearing Problems \_\_\_\_\_

(g) High or Low Blood Pressure \_\_\_\_\_

(h) Anything Else We Should Be Aware of \_\_\_\_\_

## LIABILITY WAIVER & PARENTAL MEDICAL CONSENT FORM

In consideration of the Manitoba High Schools Athletic Association accepting this registration, I \_\_\_\_\_

for myself, my heirs, executors, administrations and assigns, release the Manitoba High Schools Athletic Association from any claims, demands, damages, actions, or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in the Champions Program, notwithstanding any such loss, injury or damage which may have arisen by reason of the negligence, of the Manitoba High Schools Athletic Association its servants, agents, or employees. Without limiting generality of the foregoing, I further release any recourse which I may now or hereafter have resulting from any decision of the Manitoba High Schools Athletic Association.

I hereby grant permission to the Manitoba High Schools Athletic Association, and their duly authorized representatives, to consent to first aid, emergency medical care and all other medical or surgical care they deem necessary to the health and well being of my son or daughter

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

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Printed Name of Legal Guardian (if under 18)

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Signature of Participant

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Signature of Legal Guardian (if under 18)