

2010-2011 CLUB RACER POWER



**Program Duration** *(please choose an option)*

For internal use only:

Registered (Staff initial)	_____
Paid (Staff initial)	_____
Athlete Services Initial	_____

Spring and Summer program (25 weeks) : April 1 , 2011 to September 30, 2011 - **\$400**

**Payment** *Please fax this form to Canadian Sport Centre Calgary @403-282-6972  
or email to jwpoole@canadiansportcentre.com*

**1st Payment due Nov 1st, 2010 (1/3 program costs)**

**2nd Payment due January 31st, 2011 (2/3 program costs)**

**3rd Payment due April 30st, 2011 (3/3 program costs)**

Credit Card \_\_\_\_\_ | Expiry \_\_\_\_\_

Cash, Cheque, or Debit (when registering in person)

**\*\*\*\* Please make cheque payable to Canadian Sport Centre-Calgary and send to Room 125 Olympic Oval, 2500 University Dr. Calgary, AB T2N 1N4 \*\*\*\***

I would like a receipt of my payment to be mailed to me.

First Name	Surname	Male/Female
Date of Birth	Email Address	Age

I hereby acknowledge that the information contained in this form is complete and correct to the best of my knowledge. I understand how the National Cycling Centre will use the information contained in this application for and understand my rights in accordance with the FOIP, HIA, and the University Act.

\_\_\_\_\_  
Athlete's Signature | Parent's Signature (if athlete is under 18)

\_\_\_\_\_  
Date: | Date:

**Personal Information**

Address

First Name	Surname	UCI #
Street	City	Province/State
Zip Code	Home phone	Cell phone

**Emergency Contact Information**

Emergency Contact:

Name of Contact :	Phone#:
Health Care #	

If under 18 years, please provide the following

Mother's Name	Home phone	Cell/Work phone
Father's Name	Home phone	Cell/Work phone

**Past Medical History**

Please specify and elaborate on any conditions (listed below) that you are experiencing. As well, where

Allergies	Yes / No	_____
Heart Disease	Yes / No	_____
Liver Disease	Yes / No	_____
Kidney Disease	Yes / No	_____
Skin Disease	Yes / No	_____
Diabetes	Yes / No	_____
Hernia	Yes / No	_____
Anemia	Yes / No	_____
Asthma	Yes / No	_____
High Blood Pressure	Yes / No	_____
Other	Yes / No	_____
Do you take any medication	Yes / No	_____
Do you wear glasses?	Yes / No	_____
Do you wear contacts?	Yes / No	_____
Any other medical conditions	Yes / No	_____

Please give the dates of your last immunization for:

Mumps	_____
Tetanus	_____
Rubella	_____
Polio	_____
Measles	_____

**Head Injuries / Concussions**

Have you ever had a head injury?	Yes / No	Number of times:	_____
Have you ever had a concussion?	Yes / No	Number of times:	_____
Have you ever been knocked unconscious?	Yes / No	Number of times:	_____
Duration of unconsciousness:			
Time before returning to activity:			
Do you have persistent problems with:	Memory	Yes / No	
	Dizziness	Yes / No	
	Headaches	Yes / No	

**Neck Injuries / Stingers / Burners:**

Have you ever had a neck injury? (sprain/strain/fracture) Yes / No

Have you ever had a neck injury that disabled you for more than a few days: Yes / No

**Musculo-Skeletal Injuries:**

Have you had a broken bone or fracture in the last 5 years? Yes / No  
 If yes, what type of injury: \_\_\_\_\_

Have you had a shoulder injury in the last 5 years? Yes / No  
 If yes, Right or Left and type of injury: \_\_\_\_\_

Have you ever injured your back in the last 5 years? Yes / No  
 Did it require surgery: Yes / No  
 If yes, what type of injury: \_\_\_\_\_

Do you presently have back pain? Yes / No  
     Seldom, Occasionally, Frequently, With Vigorous Activity

Have you injured your knee (cartilage/meniscus/ligaments/tendons)? Yes / No  
 If yes, what type of injury: \_\_\_\_\_

Have you had severe ankle sprain in the last 5 years? Yes / No  
 If yes, what type of injury: \_\_\_\_\_

Do you have an injury that has not completely healed? Yes / No  
 If yes, which injury/injuries: \_\_\_\_\_

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). The personal health information you provide to the Canadian Sport Centre-Calgary (CSCC) is collected, used and disclosed in accordance with the provisions of the Health Information Act, and is used to manage any health concerns that may arise while participant is under the National Cycling Centre care. Alternative contact and medical information will only be used in medical emergency. Financial information will be used to process payment. All payments received for National Cycling Centre Programs are **NON-REFUNDABLE**. All cheques are payable to the Canadian Sport Centre-Calgary. Should you prefer not to receive any additional material, or if you have any questions about the collection or use of this information, please contact Stephen Burke at **403.220.8008** [sgburke@ucalgary.ca](mailto:sgburke@ucalgary.ca)



**INSTITUT  
CANADIEN  
DU SPORT**



### Penticton Camp 2014

- Junior/U17/Para Camp \$1050
- Junior/U17/Para 1/2 Camp \$650
- Master Camp Private Room \$1300
- Parent Volunteer (Meal Plan) \$225

### Payment Option

- Cash, Cheque, or Debit (Pay to the order of *Canadian Sport Institute Calgary*)

### Athlete Information

Athletes First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Street Address:	<input type="text"/>	City/Town:	<input type="text"/>
Province/Territory:	<input type="text"/>	Postal Code:	<input type="text"/>
Country :	<input type="text"/>		
Home Phone:	<input type="text"/>	Cell:	<input type="text"/>
Email Address :	<input type="text"/>		
Parent/Guardian E-Mail:	<input type="text"/>		
Birth Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender:	<input type="text"/>
Allergies:	<input type="text"/>		
Cycling Club	<input type="text"/>	Food Sensitivity:	<input type="text"/>

### Emergency Contact Information

Name of Contact:	<input type="text"/>
Home Phone:	<input type="text"/>
Cell:	<input type="text"/>
Work Phone:	<input type="text"/>

