



## Medical Condition Disclosure and Consent

*Information provided in this form is collected pursuant to the WMSC Privacy Policy which is available on our website.*

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**TO:** The Whistler Mountain Ski Club (“WMSC”) and its directors, officers, employees, representatives, agents and volunteers (collectively, “WMSC Personnel”)

**FROM:** \_\_\_\_\_

*[name(s) of parent or parents]*

**RESPECTING:** \_\_\_\_\_

*[name of athlete] (the “Athlete”)*

**ATHLETE’S BC MEDICAL NO:** \_\_\_\_\_

**ATHLETE’S PHYSICIAN - NAME & TELEPHONE NUMBER:** \_\_\_\_\_

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**WHEREAS** the Athlete intends to participate in skiing, ski racing, training, instruction, physical fitness, sports, social and other activities (the “**Activities**”) of WMSC;

**AND WHEREAS** the occurrence of an injury, illness or other medical condition while participating in the Activities may render it necessary or desirable for WMSC Personnel to seek or administer urgent medical care and services to the Athlete;

**NOW THEREFORE** I agree as follows:

1. I believe the Athlete is sufficiently physically and mentally fit to participate in the Activities.
2. The Athlete has:
  - (a) no food or drug allergies;
  - (b) no condition which would affect the Athlete’s medical treatment if an accident, illness, or other health or medical emergency occurs; and
  - (c) no physical, mental or emotional issues or health concerns which would affect the Athlete’s participation in the Activities:  
except for the following (state none if none):

Recent Injuries	
Chronic Illnesses	
Allergies	
Current Medications	
Date of Last Tetanus Shot	

and if any health concerns arise after I sign this authorization but while the Athlete is a member of WMSC, I will disclose them immediately to WMSC.

3. I understand that, by law, WMSC Personnel are unable, under any circumstances, to administer any medication to the Athlete without prior written authorization.
4. If an accident, illness, or other health or medical emergency occurs to the Athlete while the Athlete is participating in the Activities:
  - (a) I understand WMSC Personnel will make reasonable efforts to promptly notify me and obtain my advice;
  - (b) I authorize WMSC Personnel to seek or administer such medical care and services as they in their discretion deem necessary or advisable in the circumstances;
  - (c) I agree to pay all costs and expenses of such medical care and services.
5. I am the parent or legal guardian of the Athlete, and as such I am authorized to sign this agreement on their behalf.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

**WMSC does not provide any medical/dental/disability or other insurance on behalf of athletes participating in Activities. WMSC recommends that Athlete take out their own additional insurance coverage either with their own Insurance broker or with ACA.**