

# Special Olympics Burnaby Local 4B 2017 – 2018 Volunteer / Coach Medical Form



Volunteer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Birth Date: CCYY/MM/DD

E Mail Address: \_\_\_\_\_ Sex: M  F

**SPORT PROGRAMS of INTEREST:**

- |   |  |   |   |                                      |
|---|--|---|---|--------------------------------------|
| <input type="checkbox"/> 5 Pin Bowling  | <input type="checkbox"/> Aquatics (swimming)       | <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> FUNdamentals N | <input type="checkbox"/> Snowshoeing |
| <input type="checkbox"/> 10 Pin Bowling | <input type="checkbox"/> Athletics (track & field) | <input type="checkbox"/> Curling              | <input type="checkbox"/> FUNdamentals S | <input type="checkbox"/> Soccer      |
| <input type="checkbox"/> Active Start   | <input type="checkbox"/> Basketball                | <input type="checkbox"/> Club Fit (Fitness)   | <input type="checkbox"/> Powerlifting   | <input type="checkbox"/> Softball    |
| <input type="checkbox"/> Alpine Skiing  | <input type="checkbox"/> Bocce                     | <input type="checkbox"/> Floor Hockey         | <input type="checkbox"/> Rhythmic Gym   | <input type="checkbox"/> Golf        |

Interested in Coaching?  Yes  No Interested in Coach training?  Yes  No NCCP # \_\_\_\_\_

Interested in a Local Executive or Subcommittee role?  Yes  No

Areas Interested in: \_\_\_\_\_

(Ex. Local Coordinator, Program Coordinator, PR, Fundraising, Volunteer Coordinator, Athlete/Caregiver Liaison, Treasurer, Secretary, Registrar)

**MEDICAL INFORMATION & HISTORY:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ B.C. Care Card #: \_\_\_\_\_

Diabetes:  Yes  No If yes:  Type1 ( Insulin Pump or  Injections)  Type 2 ( Diet  Pill  Insulin Injections)

Tetanus Shot:  Yes (within  5 yrs  10 yrs)  No Asthma:  Yes  No Heart Condition:  Yes  No

Other (please detail): \_\_\_\_\_

Allergies:  Food \_\_\_\_\_  
 Drugs \_\_\_\_\_  Other \_\_\_\_\_

**Do have or use any of the following:**

Glasses  Hearing Aids  Dentures  Contact Lenses  Other \_\_\_\_\_

Other Info: \_\_\_\_\_

**Medication: Self Administered:  Yes  No (must be updated prior to any trips)**

Name & Dosage \_\_\_\_\_ Time \_\_\_\_\_

Name & Dosage \_\_\_\_\_ Time \_\_\_\_\_

Name & Dosage \_\_\_\_\_ Time \_\_\_\_\_

**Emergency Contacts:**

Contact 1: \_\_\_\_\_ Contact 2: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Relation:  Parent  Guardian  Caregiver  Other \_\_\_\_\_ Relation:  Parent  Guardian  Caregiver  Other \_\_\_\_\_

I acknowledge that all the information given on this form is correct to the best of my knowledge and that I will update this information if it changes.

Signature of Volunteer \_\_\_\_\_

Date \_\_\_\_\_

**General Release;** By signing below you acknowledge and give permission to Special Olympics BC – Burnaby to use pictures and / or other electronic images of yourself for the purposes of promotional materials that the organization may utilize but not limited to printed material, web sites and videos/CDs. Special Olympics Burnaby values the privacy of its volunteers and as such protects the confidentiality of your personal information.

Signature of Volunteer \_\_\_\_\_