



YYCMTB Medical Information Form

Once complete and signed, this form is confidential and will be used solely by YYCMTB in order to prepare for and respond to any medical issues that may arise during activity.

Participant Information

Name:	
Date of Birth [DD-MM-YYYY]:	
Phone Number:	
Street Address:	
Prov/State:	Country:

Emergency Contact Information

Name:
Relationship:
Phone Number:
Email Address:

Mountain biking is a strenuous activity that requires physical fitness and coordination. Do you have any medical issues that might prevent you from participating fully in YYCMTB activities, including, but not limited to, mountain biking in rough terrain? NO YES

If YES, please list the medical issues below:

Please list all prescription and non-prescription medications you are taking:

Signature

Name [please print]

Date