Pierce Summer Camp



Medical Report / Physical Exam Use of Athletic Facilities / Participation in Sports

ATTENTION: Complete and sign both sections A' and B'

Participant's first name	
Date of Birth / /	_
	IE (completed by the parent/guardian) ny health issue(s) that the Summer Camp should be awa
No	
DETAILS OF PARENT/GUAI	RDIAN
	First name
	Postal code
	Mobile phone
SECTION B – PHYSICAL EX (completed by the physiciar I have examined the particip	(AMINATION AFFIRMATION – ATHLETICS n) pant and found that he/she is able to participate in athle
SECTION B – PHYSICAL EX (completed by the physiciar I have examined the particip activities, and use the athlet for recreational purposes. Yes If not, please describe: Additionally, I confirm that I	(AMINATION AFFIRMATION – ATHLETICS n) pant and found that he/she is able to participate in athle tic facilities including the pool, track & field and the cou
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This information is collected with the sole purpose of ensuring the health of the children involved in the program and the proper organization and operation of the camp. They are kept strictly private and confidential and stored by a nurse according to the provisions of Rules of Participation ("Notification and Consent for the Processing of Personal Data").