



Adaptive Sports at Sun Peaks Student Medical Form

This **Medical Form** *OR* the **Medical Form Waiver** **must** be completed and returned with your application and is required each season.

Adaptive Sports at Sun Peaks strongly recommends that a student or Parent/Guardian (if applicable) obtain a signed medical opinion from a physician to ensure that the student is ready for the physical demands of skiing, sit-skiing or snowboarding. Pre-existing conditions such as back conditions, seizures and concussions are all of high concern. It is the student's or Parent/Guardian's (if applicable) responsibility to complete a self-declaration of pre-existing medical conditions (on the Student Application Form).

In the absence of a signed medical opinion, the student or Parent/Guardian (if applicable) will sign the waiver indicating that they were advised to seek a physician's council and declined to obtain a physician's signature.

Medical Form

This medical form is to be *completed by your physician* and submitted with your application.

Patient/Student Applicants name:
Date Completed by Physician:
Physician's Name:
Physician's Signature:
Current Applicant Weight Declaration: (sit-skiers only) _____ lbs or _____ kg

Do you know of any reason why this student should not participate in snow sports? Yes ___ No ___

If Yes, please explain your opinion:

Are there any aspects of this student's medical condition that should be given consideration when participating in snow sports with Adaptive Sports at Sun Peaks?

Medical Form Waiver

I _____ have been advised to seek a physician's council with respect to

Print applicant name or Parent/Guardian

participating in snow sports with Adaptive Sports at Sun Peaks. I have declined to obtain a physician's signature and therefore assume the risk of declining this advice. I will not hold Adaptive Sports at Sun Peaks responsible for any consequences of my decision. *As well, I accept that Adaptive Sports at Sun Peaks reserves the right to refuse membership and access to equipment or lessons due to my decision to decline seeking the advice of a physician.*

Signed: _____
Signature of Applicant or Parent/Guardian

Date