



# PHYSICAL FITNESS FORM

## NON-MEMBERS

Name	Given Name	Surname
Date of Birth	Age	Gender
Address		City
Province	Postal Code	Telephone Number
Scout Group Name	Emergency Contact Name	Telephone Number

### Emergency Medical Information

Does the participant have any allergies?

Yes

No

### Allergy Details

**Please advise of any medical condition, disease, operations, disorders or problems** the participant has had or currently has below—that would affect their participation or should be noted in an emergency.

**Please list any medication that the participant is currently taking:**

**Does the participant have any special requirements (medical aides, religious requirements, diet etc.)?**

**Date of current tetanus shot** \_\_\_\_\_  Swimmer  Non swimmer

**I give consent for my / child's medical information to be shared with emergency personnel if an emergency should arise.**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_