Statement by all Participants (MF1)

To be returned to the Vancouver LOC by **May 15, 2018**.
All medical forms should be scanned and saved as a PDF.
Please email to medforms@txworks.ca or print and mail to:
CTA Games 2018, c/o 151 East Osborne Road, North Vancouver, BC, V7N1L8

CANADIAN TRANSPLANT ASSOCIATION / L'ASSOCIATION CANADIENNE DES GREFFÉS

A: PARTICIPANTS INFORMATION

First name:	Family name:	**M / F**

B: FITNESS

I _____ hereby certify that I take part in regular physical activity as follows: _____ times per week for a minimum of _____ minutes per session.

(We recommend a minimum of three times per week for a period of 20 minutes per session)

I am training at stress level: **Low** **Medium** **High** (please circle)

I take part in the following sports for leisure/competitively:

1.	**2.**
3.	**4.**

I intend to participate in the following sports in Vancouver, BC:

1.	**2.**
3.	**4.**
5.	**6.**

C: MEDICATION (add a separate page if inadequate space)

	Name	Frequency/24 hrs.	Dose
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I am / am not on Anticoagulants. (Please circle)

_____ _____
Name Signature
Name and signature of parent or guardian for participant under 18 years of age.

_____ _____
Email Date