



Athlete Health Information Sheet

2024 IBTF WORLD FREESTYLE & RHYTHMIC TWIRL CHAMPIONSHIP - Helsingborg, Sweden

Canadian Baton Twirling Federation

La Fédération Canadienne de Baton Sportif

(PLEASE PRINT)

Name	Birthday (YYYY-MM-DD)	
Address	City	Postal Code
Email	Phone #	

Physician Contact

Name
Address
Phone Number

Emergency Contact

Name			
Relationship			
Phone #		Email	

Please Answer the Following Questions Truthfully

Do you have any allergies?	Yes or No	If yes, explain:
Do you carry an epi-pen?	Yes or No	
Are you diabetic?	Yes or No	If yes, which type:
Are you epileptic?	Yes or No	
Do you have a hearing problem?	Yes or No	
Are you taking medication regularly?	Yes or No	If yes, explain:
Do you wear a medic-alert bracelet?	Yes or No	If yes, explain:
Have you had any concussions?	Yes or No	If yes, when was the last one? How many?
Have you had any surgeries?	Yes or No	If yes, explain:
Do you need special tape or medical supplies?	Yes or No	If yes, explain:

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Please list ALL injuries sustained in the last 12 months and any pre-existing/chronic conditions:

I understand that it is my responsibility to keep management advised of any change in the above information as soon as possible, and that in the event an injury occurs; team management will admit me/my child to the hospital if deemed necessary and shall have the right to consent to treatment. I hereby, authorize the physician and nursing staff of any Emergency Unit to undertake examination, investigation and necessary treatment of me/my child.

Date:

Signature:

(by parent or guardian if under 18)

I hereby, authorize the Team Manager to provide basic first aid to me/my child if an injury was to occur. I understand that if an injury does occur, the coaching staff and Technical Chair for Canada will be informed, and a decision on return to competition will be made in the best interest of me/my child.

Date:

Signature:

(by parent or guardian if under 18)