



Personal information contained on this form is collected for the exclusive use of the District 27 Grey Bruce 55+ Committee of the 2025 District 27 55+ Games. Information will be used for the purpose of administering the games. Questions about this collection of personal information can be directed to:

District 27 Grey Bruce 55+ Committee c/o Ellen Paterson
 899 Andrew Malcolm Road, Kincardine, ON N2Z 1M8
 epaterson@bmts.com

In order to minimize risk and provide the best quality of care, it is mandatory that all participants fill out this form and carry it with them at all times during the course of the 2025 District 27 55+ Games. If you are uncertain about any questions below, please consult your physician.

SECTION ONE: Personal Information (please print clearly)

First Name:	Last Name:
Mailing Address:	
Home Phone: (_ _ _) _ _ _ - _ _ _ _	Alternate/Cell Phone: (_ _ _) _ _ _ - _ _ _ _
Ontario Health Card Number and Code:	
Family Doctor Name & Phone Number:	
<input type="checkbox"/> Participant <input type="checkbox"/> District Coordinator	<input type="checkbox"/> Spouse/Non-Participant <input type="checkbox"/> OSGA Committee Member/Guest

SECTION FOUR: Emergency Contact Information

First Name:	Last Name:
Primary Phone Number: (_ _ _) _ _ _ - _ _ _ _	
1. Medical History (i.e. heart, respiratory, diabetes, any surgery within past five years)	
2. Allergies (please specify the allergy, i.e. food items, bees, medication)	
3. Medication (please specify any current medication that you are taking, strength and dosage)	

 Participant Name (print first and last name) Signature Date (dd/mm/yyyy)

 Witness Name (print first and last name) Signature Date (dd/mm/yyyy)

PLEASE KEEP THIS FORM WITH YOU AT ALL TIMES