

DECLARATION OF MEDICAL COMPLICATIONS & EMERGENCY MEASURES

I, wish to compete in PA Paracanoe events.
Please print full name

I understand that PA requires me to state any known medical conditions that may compromise my safety on the water. I understand that I must state the current management for my condition(s)

Possible Medical Complications:

Steps to take should these occur:

All medication is as follows:

I understand that if I fail to state any known medical conditions, and if the condition results in having to perform a rescue, I will automatically be deemed ineligible for the present competition. I also understand that if a condition becomes evident for the first time during competition, and is diagnosed at the time, eg. dehydration, I will still be eligible to compete as long as I observe the recommended management for the condition.

Signature of Paddler (or Guardian if under 18):

Signature of Witness:

Witness name:

Date:

PLEASE NOTE:- PA Paracanoe Athlete Certificate of Diagnosis must be filled out and signed by a Medical Doctor, and attached to this form