

Today's Date DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_

**PERSONAL INFORMATION**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Alternate Number (Cell/Work)

Do you have a different billing address?  Yes  
If yes, please provide us with billing address below:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

Do you currently receive  AISH  Seniors & Communities Support  No

Transportation:  DATS  Public Transit  Drive  Driven by other Other: \_\_\_\_\_

**EMERGENCY CONTACT**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

Would you like to receive email correspondence  
Yes  No

\_\_\_\_\_  
Year of Birth

No

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Alternate Number (Cell/Work)

\_\_\_\_\_  
Relationship

**DISABILITY**

\_\_\_\_\_  
Please indicate the nature of your impairment/disability

\_\_\_\_\_  
Comments

What is the primary mobility aid which you will be using in the gym?

Manual Wheelchair  Electric Wheelchair  Walker  Scooter  Cane(s)  None  Other

Will you be accompanied by and aid/attendant? Yes  No

---

If NO, please indicate the level of assistance required

**MEDICAL INFORMATION**

---

Alberta Healthcare Number (Optional)

---

Do you have any medical condition(s) which might require emergency attention? (ie. Seizures)

---

Do you have any chronic or reoccurring injuries? (ie. Lower back pain, Rotator Cuff injury)

---

Known allergies? (ie. Latex)

Are you currently taking any medication(s)? Yes  No

If YES, please use spaces provided below, or please attach a copy of medications to the form.

MEDICATION	DOSAGE	REASON FOR PRESCRIPTION

**Protection of Privacy** -The personal information requested on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy Act, for the purpose of administering the program waiver process. Questions concerning the collection use and disposal of this information should be directed to: \_\_\_\_\_

