



www.abilitiesinmotion.ca

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Registration Form

Course _____ Date: Day _____ Month _____ Year _____

Name (Please print clearly) _____

Address: _____ City: _____ Prov: _____

Postal/Zip: _____ Tel: Home _____ Cell _____

Email: (Please print clearly) _____

Date of Birth: Day _____ Month _____ Year _____ Weight (lbs.): _____

Medical & Fitness Information:

Evaluate your physical condition:

Below Average Average Above Average Excellent

Evaluate your swimming ability:

Below Average Average Above Average Excellent

Please circle the appropriate response (if yes, describe):

Yes No Allergies to the environment? _____
Yes No Allergies to any medications? _____
Yes No Asthma _____
Yes No Epilepsy _____
Yes No Back problems _____
Yes No Diabetes _____
Yes No Do you get cold easily? _____
Yes No Heart disease _____
Yes No High blood pressure _____
Yes No Medications _____

Do you have any other conditions, which might affect your health or the well-being of others on this

course? No Yes if yes, explain _____

Please give emergency contact information (must be valid for the duration of the course):

Name (Please print clearly): _____ Relation: _____

Home Tel: _____ Cell: _____

May 2019