



**CANOE KAYAK
CANADA**

It's Who **We Are.**
C'est **Notre Nature.**

ATHLETE INTAKE FORM

PERSONAL DETAILS

First Name _____

Middle Name _____

Last Name _____

Preferred First Name _____

Preferred Last Name _____

DOB (MM/DD/YYYY) _____

Gender _____

Contacts

Preferred Language _____

Second Language _____

Email Address _____

Cell phone number _____

Home phone number _____

Current Address

Street _____

City, Province, Country _____

Postal Code _____

Mailing Address (if different from current address)

Street _____
City, Province, Country _____
Postal Code _____

Emergency Contact

Full Name _____
Relationship _____
Primary phone number _____
Alternate phone number _____
Email _____

SPORT DETAILS

Canoe/Kayak Discipline _____
Paddle side (canoe) _____
Club _____
Current club coach _____
Primary NT training location _____
Current NT coach _____

MEDICAL

Provincial Health Card # _____
Province _____
Health Card expiration date _____
Allergies _____
Dietary restrictions _____
CKC Medical Form completed? _____

UNIFORM SIZES

Race Singlet

Racing short sleeve

Racing long sleeve

Spandex shorts

Spandex tights

Podium Jacket

Polo shirt

Podium pants

ATHLETE BIO

Personal website

Twitter handle

Home town

Place of birth

Coach(es)

Past Coaches

First year on Sr National Team

Please attach the completed CKC Medical Form and a copy of your passport.