



HIGHWAY 10 HOCKEY SCHOOL MEDICAL AND WAIVER FORM

NAME: _____
(First) (Last)

TELEPHONE NO: Home: (_____) Work: (_____) Other: (_____)

PROVINCIAL HEALTH NO: _____

FAMILY PHYSICIAN: _____
City / Town: _____
PHONE NO: (_____)

RECENT HOSPITALIZATION FOR ASTHMA? Yes / No
MEDICATIONS FOR ASTHMA: _____ DOSAGES: _____

HEALTH PROBLEMS:
Diabetes: Yes / No Epilepsy: Yes / No Heart: Yes / No Kidney: Yes / No
PLEASE EXPLAIN:

ANY RECENT INJURIES:
DATE: _____
Fractures: Yes / No Dislocations: Yes / No Surgery: Yes / No
Hospitalizations: Yes / No Sprains/Strains: Yes / No
PLEASE EXPLAIN:

ALLERGIES: Yes / No
If yes, describe:

SPECIAL DIET:

OTHER COMMENTS:

I have read the complete brochure and medical form and agree to the terms therein. I certify that all the questions on the application have been answered correctly and I understand that my child/I will provide their/my own skates, sticks and equipment. I understand that the Highway 10 Hockey School, its employees, and/or representatives will not be held responsible for death or an accident, injury, loss or damage however caused, and hereby agree to release and hold harmless Highway 10 Hockey School, its proprietors, employees, and/or representatives from all claims, damages, actions, loss, expenses and demands which may arise as a result of, or by reasons of death, injury loss, damage or medical expense may have been contributed or occasioned by the action, inaction or negligence of Highway 10 Hockey School, the proprietors, employees, and/or representatives.

I authorize Highway 10 Hockey School staff to act in the place and position of a parent or guardian of my child while my child is at the summer hockey school. Recognizing this, I authorize each or any of them to provide to my child any medical treatment that they consider to be reasonable and necessary.

DATE: _____

PARENTAL SIGNATURE: _____

PLEASE BE ADVISED THAT HIGHWAY 10 HOCKEY SCHOOL DOES NOT CARRY ACCIDENT INSURANCE FOR HOCKEY SCHOOL PARTICIPANTS. PARENTS WILL BE RESPONSIBLE FOR ANY MEDICAL EXPENSES INCURRED WHILE THEIR CHILD IS IN ATTENDANCE AT THE SCHOOL, i.e., CASTS, AMBULANCE, HOSPITALIZATION, MEDICATIONS.