



***When the season starts...
Be Your Best!***

Personal Information

First Name:

Last Name:

Street:

City:

Postal Code:

Male **Female**

Birth Date:

Home Phone:

Work Phone:

Email:

Parent(s) Name:

Emergency Contact

Name:

Phone:

OHIP#:

Hockey Information

Jersey Size: **S** **M** **L** **XL**

Position: **Forward** **Defence**

2009-10 Team:

Level: **House A** **Rep B** **A** **AA** **AAA**

Program Registering For: **Skate & Skill (Born '93 – '97)**
Power & Acceleration (Born '93 – '98)
Both Programs

Waiver: *Please complete and sign the accompanying Medical Information Form and Waiver to describe any medical condition(s) or history that could affect participation in the camp. Registration will not be accepted and considered complete without a signed Medical Information Form and Waiver.*

Medical Information Form and Wavier

Name of Participant: _____

Date of last complete physical examination (if known): _____

* Before a player participates in a hockey program, any medical condition or injury problem should be checked by that individual's family physician.

Please circle the appropriate response and provide details below if you answer "Yes" to any of the questions.

- | | | |
|-----|----|---|
| Yes | No | Previous history of concussions |
| Yes | No | Fainting episodes during exercise |
| Yes | No | Epileptic |
| Yes | No | Wears glasses |
| Yes | No | Are lenses shatterproof |
| Yes | No | Wears contact lenses |
| Yes | No | Wears dental appliance |
| Yes | No | Hearing problem |
| Yes | No | Asthma |
| Yes | No | Trouble breathing during exercise |
| Yes | No | Heart Condition |
| Yes | No | Diabetic – Type 1_____ Type 2_____ |
| Yes | No | Medication |
| Yes | No | Allergies |
| Yes | No | Wears a medical information bracelet/necklace. Purpose? _____ |
| Yes | No | Has any health problem that would interfere with participation on a hockey team |
| Yes | No | Has had an illness that lasted more than a week and required medical attention in the past year |
| Yes | No | Has had injuries requiring medical attention in the past year |
| Yes | No | Has been admitted to hospital in the last year |
| Yes | No | Surgery in the last year |
| Yes | No | Presently injured. Injured body part: _____ |
| Yes | No | Vaccinations up to date |
| Yes | No | Hepatitis B vaccination |

Please give details if you answered "Yes" to any of the above.

Medications: _____

Allergies: _____

Medical conditions: _____

Recent injuries: _____

Any information not covered above: _____

Waiver Release

I accept responsibility to ensure that my child is medically fit to participate in a 2010 PreSeason Hockey Training on ice program. I understand that it is my responsibility to keep the camp director advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, camp management will arrange to take my child to the hospital or a physician if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

I, the parent/guardian of the player named on this waiver, hereby give my approval for his/her participation in the 2010 PreSeason Hockey Training on ice development program. I agree to assume all risks and hazards incidental to such participation including transportation to and from such activities. I hereby waive, release, absolve, and agree to hold harmless the PreSeason Hockey Training organizers, supervisors, participants, and instructors from any claim arising from an injury to my child, except to the extent and in the amount covered by PreSeason Hockey Training's accident or liability insurance.

Date: _____ Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained will be held solely for the purposes for which it is collected and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act.