

MEDICAL & WAIVER INFORMATION

ALL INFORMATION THAT IS FOUND WITHIN THIS DOCUMENT IS DEEMED HIGHLY CONFIDENTIAL AND SENSITIVE IN NATURE. THIS INFORMATION WILL NOT BE RELEASED TO ANY OTHER SOURCES OTHER THAN FOR THE SOLE PURPOSE OF EMERGENCY MEDICAL TREATMENT AS DEEMED NECESSARY ON OUR BEHALF.

ATHLETE Name: (First) _____
 ATHLETE Name: (Last) _____
 Provincial Health Card Number: _____
 Family Physician Name: _____ Telephone _____
 Emergency Contact Number _____

Significant medical conditions (e.g. Epilepsy, diabetes, asthma, dangerous allergies, etc.)

Any Head, Back, Joint Injuries (in the past two years)

Any Medications taken regularly (excluding vitamins)

The 2005 SKATE WITH TEAM CANADA MARCH BREAK Participant Waiver

I have read the complete brochure, application 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 COMPLETE SET of full CSA-approved equipment and it will be worn in its entirety for all On-Ice sessions.

I understand that Sportacular Event, its associates, proprietors, licensees, sponsors, employees, agents and/or representatives will not be held responsible for accidental injury or death, loss or damage however caused, and hereby agree to release and hold harmless Sportacular Event, its proprietors, management, facility owners and operators, employees, agents, sponsors, 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 Sportacular Event, the proprietors, management, facility owners and operators, employees, agents, sponsors, and/or representatives.

If the participant is under 18 years of age at the time of the clinic, I authorize Sportacular Event staff to act in the place and position of a parent or guardian of my child while my child is at 2005 SKATE WITH TEAM CANADA MARCH BREAK Hockey Camp. Recognizing this, I authorize each or any of them to provide to my/myself child any medical treatment they deem reasonable and necessary. I agree all photos, likeness and images of my daughter /family are the sole property of Sportacular Event and may be used for any / all promotional purposes they deem required and my signature bears authorization of such without compensation.

Parents Signature if under 18		Date
Players Signature		Date