

Saint Mary's Hockey Camp Medical History Form

Name: _____ Date: _____ Birth date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone(s): Day _____ Evening: _____ Cell _____

WHO TO CONTACT IN CASE OF AN EMERGENCY?

Name: _____ Phone(s): _____
Relationship: _____
Physician's Name: _____ Phone(s): _____
Hospital of Choice: _____

Please complete the following:

(If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on the bottom of this page or attach an explanation.) Have you ever had (or do you presently have) any of the following?

	Circle one		Major injuries to:	Circle one	
Head injury (concussion, skull fracture)	YES	NO	Shoulder	YES	NO
Fainting spells	YES	NO	Knee	YES	NO
Convulsions/Epilepsy	YES	NO	Ankle	YES	NO
Neck or back injury	YES	NO	Fingers	YES	NO
Asthma	YES	NO	Arm (Broken Bones)	YES	NO
High blood pressure	YES	NO	Other: _____		
Kidney problems	YES	NO			
Hernia	YES	NO	Poor vision	YES	NO
Diabetes	YES	NO	Poor hearing	YES	NO
Heart murmur	YES	NO	Other: _____		
Allergies	YES	NO			
Specify: _____					

Have you had a recent tetanus booster? If so, when? _____

Are you currently taking any medication? What? Why? _____

Has the doctor placed any restrictions on your activity? Explain _____

Signed: _____ Signed: _____
(Participant's signature if 18 years old) (Parent)

CONSENT TO TREAT

This is to certify that on this date, I, _____ as parent or guardian of _____, give my consent to the Saint Mary's Hockey Camp staff to obtain medical care from any licensed physician, hospital or clinic, for the above mentioned athlete, for any injury that could arise from participation in program activities.

If said athlete, is covered by any insurance company, please complete the following:

Name of Carrier _____ Address _____
Policy Number _____ Group Number _____
Signed _____ Relationship to Athlete _____
Home Address _____
Phone _____ Date _____

Additional information (please write in space provided)

Saint Mary's Hockey Camp Release of Liability Form

State of _____ County of _____

I, _____, as parent or guardian of _____ state that: a) his/her date of birth is ____/____/____; b) his/her telephone number is (____) _____; and c) is a resident of the State of _____.

I certify that I am the parent of legal guardian of the aforementioned minor that I have full rights to contract for him/her. If so requested, I will provide proof of guardianship and right to execute this release.

I hereby acknowledge that my child is a participant in the event known as the Saint Mary's Hockey Camp ("Event"), which is owned and operated by Bill Moore. I acknowledge that my child's entry may be automatically disqualified if this Release of Liability Form is not properly filled out, executed and received by Bill Moore.

ON BEHALF OF MY SON/DAUGHTER, I STATE THAT I UNDERSTAND AND THAT ANY AND ALL LIABILITY OR MEDICAL EXPESSES INCURRED THROUGH THE PARTICIPATION IN THE PROGRAM WILL BE MY SOLE RESPONSIBILITY AND LIABILITY.

Also, on behalf of my son/daughter, I hereby release, discharge, indemnify and agree to hold harmless the Saint Mary's Hockey Camp, Bill Moore, Andrea Moore, any coaches, employees, wholesalers, retailers, suppliers, and the officers, directors, successors, agents, and assigns of each, respectively, from and against any and all claims, demands, actions, losses, damages, costs and expenses, including attorneys' fees, which I, my son/daughter, his/her heirs, executors, successors in interest, and assigns may have now or in the future or may acquire on account of any personal injuries, disability, death or other damage, of whatever kind or nature, suffered by me or by my son/daughter, his/her heirs, executors, successors in interest, and assigns in connection with the Event and participation in the Saint Mary's Hockey Camp.

By signing this document, I acknowledge the preceding statement and agree that such liability, if any, from which death, injury, claim, harm, loss or other damage arises, will be my sole responsibility and liability and that no claim relating thereto shall be asserted, at any time now or in the future, against any of the aforementioned parties.

Please list any medical conditions, allergies or medication that may affect the child's physical ability to participate in this Event on the medical history form on the reverse side of this document.

I understand that the Event involves a hockey athletic event and will require physical activity, and despite the conditions listed on the medial history form, I and on behalf of my child, acknowledge that my child's participation is at HIS/HER OWN RISK. I give my child permission to participate and release Bill Moore and the aforementioned parties from any and all liability. Nonetheless, I agree that Bill Moore reserves the right to eliminate my child from the Saint Mary's Hockey Camp, in his sole discretion, based on the medical information provided herein and refund any payment that has been received by Bill Moore.

I have read the foregoing prior to its execution and fully understand that by signing this Release of Liability Form, I am waiving any and all rights that could possibly be asserted under any theory against Bill Moore, the Saint Mary's Hockey Camp and any of the aforementioned parties or arising in any way in connection with the Event.

Signature of Parent/Guardian

Please Print Name

Street Address

City, State, Zip Code

Date Signed