



San Jose Sharks Summer Hockey Schools

This is to certify that on this date, I _____, as a parent or guardian of _____ (participant) give my consent to Sharks Ice at San Jose and its medical representatives to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in the San Jose Sharks Summer Hockey Schools sanctioned events.

Parents/Guardians/Emergency Contacts will be notified if there is any injury requiring care from paramedics. Minor injuries will be treated by our on-site trainer.

Who to contact in case of an emergency?

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Is the participant currently taking any medications? YES NO

If yes, please list any that our camp should be aware of: _____

Will you child be carrying any of their medications/inhalers during the camp? YES NO

Please elaborate if necessary: _____

Does your child have any physical restrictions our camp and coaches should be aware of? YES NO

If yes, please elaborate as necessary: _____

Please list any other existing medical conditions the participant has that our camp and coaches should be aware of (ex. Athsma, Diabetes, etc.) _____
