



CONTACT INFORMATION AND MEDICAL RELEASE

CAMP NAME: _____

GENERAL CONTACT INFORMATION

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parents' names _____ & _____

Parent's address if different than camper: _____

Home Phone: _____ Work Phone _____

Cell (Mom): _____ Cell (Dad) #2 _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____

Contact Phone: _____ Contact Phone #2 _____

Doctor's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Insurance Provider: _____ Policy Holder: _____

group # _____ policy # _____

*IF PARENT OR LEGAL GUARDIAN IS TRAVELING DURING THE CAMP SESSION,
PLEASE PROVIDE TRAVEL INFO

HOTEL NAME: _____ HOTEL PHONE: _____



Camper's Name: _____

Camp Name: _____

Liability Waiver and Medical Release

I agree that I shall provide health insurance to cover any personal injury and/or property damage sustained by the camper while participating in any activities or while on the premises of Mass Sports Club & Mark Bavis Arena. The undersigned assumes all responsibilities for any and all risk of damage or injury that may occur to the above named camper as a participant in any Global Hockey program including practices, scrimmages, skills sessions, clinics, games, and other activities related to the program. Additionally, the undersigned hereby releases and discharges the program, its operators, employees, agents, supervisors, instructors, and other players from all claims, demands, rights or causes of action present or future, whether known or anticipated and resulting from or arising out of or incident to the undersigned participation in the said program.

Print name of parent or legal guardian (18 or older)

Signature of parent or guardian/ player (18 years or older)

Date

In rare instances a medical or surgical emergency requiring treatment arises in which written consent by parents or guardian is legally required but the proper person cannot be located or located. In this event, and in order to avoid delay treatment, we request the following permission from the parent or guardians, with the understanding that every effort will be made to contact you in an emergency

I grant permission to the personnel at Global Hockey/Mark Bavis Arena to authorize the physician or his/her choice to provide emergency medical care in the event that my spouse, the alternate contact, my child's doctor, or I cannot be located immediately.

In addition, Global Hockey is not responsible for campers who arrive sick or injured.

Signature of parent or legal guardian

Date

Please notify us if any medical treatment will continue during this camp and if any significant health changes have occurred since signing this waiver.