**Elite Hockey**

**MEDICAL FORM**

This form needs to be filled out by the parent or guardian of the camper. It is in a word document form that you may fill out on the computer. We will need to have your signature at the bottom. Please print this form off, sign, date and attach a copy of your insurance card. The form can be sent back to us via email ([elitehockeycamps@gmail.com](mailto:elitehockeycamps@gmail.com)) or returned to us in the mail. Each player will need to have a signed form on file in order to participate in the program.

**Elite Hockey—PO Box 169—Northfield, VT 05663**

Camper’s name:

Parents or Guardians’ names:

Parent’s Primary Phone Numbers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address:

Camper’s Birthdate:

Previous illnesses or immunizations for: Immunizations:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No | |
| Measles |  |  | |  |
| Mumps |  |  |  | |
| Chicken Pox |  |  |  | |
| German measles |  |  |  | |

|  |  |
| --- | --- |
|  | Date of last dose |
| Polio |  |
| Tetanus |  |
| Measles |  |

Please describe other medical conditions you would like us to be aware of (e.g. asthma, seizures, etc.):

Is the camper taking any current medications? Yes No

If yes, please name and state reason:

Do you give us permission to give your child over-the-counter medication (e.g. ibuprofen, Tylenol, Benadryl, Tums)? Yes No

Allergies?

Sensitivity to any medication?

Date of last physical exam:

Physician’s name: Phone:

**Please complete next page**

Past injuries and dates (e.g. fractures, sprains, head injuries; please indicate left or right:

Operations and dates:

Has the player received treatment or counseling for any reason? Yes No

Any significant past illnesses? Yes No

**If yes to one or both of the above two questions, an accompanying letter would be helpful.** If there is anything else you think might be helpful to us in caring for this player, please include this information in a letter. Please notify us if any medical treatment or program will continue during his or her stay at camp.

Insurance carrier: Carrier phone:

Policy number: Group name:

**\*\*\*PLEASE ATTACH A COPY OF YOUR INSURANCE CARD\*\*\***

**PARENTAL/GUARDIAN CONSENT AND RELEASE AGREEMENT**

**ACKNOWLEDGEMENT OF RISK AND AGREEMENT:** I consent to my child's participation in this Camp. I understand that going away to camp involves some risks, including the possibility of damage to my child's property or serious injury to my child. I agree, on behalf of myself and my child, to assume all the risks in connection with my child's participation in the Camp. I agree that my child will follow relevant Elite Hockey directions, rules, and policies and will obey directions. I acknowledge that Elite Hockey has the right to remove my child from participation in the Camp if they are not complying with the rules and regulations of the Camp.

**HEALTH AND SAFETY:** I know of no health-related reasons or problems, which preclude or restrict my child from participating in the Camp.

**MEDICAL RELEASE:** I grant medical personnel permission to provide medical care for conditions, which may arise during participation at this Camp. Elite Hockey does not assume any responsibility nor provide any insurance for medical expenses incurred by your dependents as a result of any accident or sickness while they are participating in this Camp.

**RELEASE OF LIABILITY:** I agree to release Norwich University and Elite Hockey, its trustees, officers, employees, volunteers, members, and representatives from any and all liabilities and claims whatsoever arising out of, or in connection with, my child's attendance and participation in the Camp, *even those that may have been caused by the ordinary negligence of Norwich University and Elite Hockey.*

**MEDIA RELEASE:** Norwich University and Elite Hockey may make and use images, film, video, and audio recordings of my child, and take and use quotes or statements from my child, during the Activity, without compensation. I release all claims against Norwich University and Elite Hockey with respect to privacy, copyright ownership, and publication, related to the use of the quotes, images, or recordings.

**ACKNOWLEDGEMENT:** By reading and signing this legally binding document, I know I am voluntarily waiving the right to sue Norwich University and/or Elite Hockey if my child is injured while participating in this Program. In the event of my incapacity or death, this agreement binds my heirs, executors, administrators, and representatives.

Signature of Parent/Guardian:

Printed name of Parent/Guardian: Date: