

KEVIN SNEDDON HOCKEY SCHOOL HEALTH & LIABILITY FORM

Please print in ink or type

This form must be completed in FULL, including signatures of parent or legal guardian, and sent in prior to the start of the camp to the **KS Hockey School, 236 Songbird Road, South Burlington, VT 05403** or scan and return by email to ksneddon_21@hotmail.com

Campers will NOT BE ALLOWED to participate without the completed health and parental release forms.

PLEASE CIRCLE: **AUGUST 14-17, 2017**

Player's Name: _____ Sex: _____ Date of Birth: _____
(Last) (First)

Medical History (please check for "yes")

German Measles (Rubella)	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Measles	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>
Other: _____				Heat Illness	<input type="checkbox"/>

Immunization History

Are the following immunizations up to date?	Yes	No
MMR	_____	_____
Diphtheria	_____	_____
Tetanus	_____	_____
Polio Vaccine	_____	_____
Pertussis (Whooping Cough)	_____	_____

Allergies

	Yes	No
Peanut	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>
other: _____		
Sulpha	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

Please list any additional, pertinent medical information we should have regarding past injuries, past medical history, or physical limitations relating directly to the participant's ability to participate.

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Player's Complete Name: _____

(Last)

(First)

Address: _____ City _____ State _____ Zip _____

Parent/Guardian Name (1) _____, Home Phone () _____

Work Phone () _____, Cell Phone () _____, Beeper _____

Parent/Guardian Name (2) _____, Home Phone () _____

Work Phone () _____, Cell Phone () _____, Beeper _____

Insurance Carrier _____ Policy # _____, Policyholder's Name _____

Alternate Emergency Contact:

Name _____ Relationship to Player: _____ Phone () _____

The following person(s) may NOT pick up my child at the end of the day:

If medication will be taken during camp, indicate name of drug, reason for taking, dosage, and frequency:

To the best of my knowledge, my child is in good health and can participate in the above hockey school. I do not anticipate that my child will have any health problems while participating in camp activities, however, **KS Hockey School** should be aware of the following medical conditions or medications that my child takes:

Medical Condition: _____

Accommodations Needed: _____

NOTE: If the above-named individual has a history of serious illness or injury (i.e. heart murmur, epilepsy, surgery, etc.), a note signed by a physician clearing the individual for full participation in all camp activities must accompany this form.

I give permission for my child, (player name) _____ to participate in the **KS Hockey School**. I understand that no activity is free from risk of injury. I, nonetheless, wish to have my child participate. I agree to hold harmless and indemnify the **KS Hockey School**, its employees and agents from any and all losses, penalties, injuries, damages, settlements, costs or other expense or liabilities arising out of camp activities. This release, however, is not intended to release the **KS Hockey School** from causes of action arising out of the sole negligence of the **KS Hockey School**, its employees or agents.

In the event my child becomes ill or injured during camp activities, I authorize the **KS Hockey School** staff to seek emergency care. In signing below, I certify that my child is covered by health and accident insurance or Medicaid, and in the unlikely case of any accident, that I will provide the responding medical care facilities with the name of the carrier and policy number. I understand that the **KS Hockey School** does not pay for medical treatment of injured campers and any medical bills, whether emergency or not, will be my financial responsibility.

I also agree to permit the **KS Hockey School** to release pictures regarding my child's participation in the camp.

I have read this release of liability and I fully understand its terms.

Parent/Guardian Name (print) _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
