



Campbell River Storm / Comox Glacier Kings Combined Spring Camp



Waiver Release

Name: _____ Date of Birth: _____

Mailing Address: _____ Phone: _____

BC Health #: _____ Email: _____

I/We certify that:

1. I/We understand the nature and effect of executing this Waiver.
2. I/We hereby waive and release The Campbell River Storm Junior Hockey Club and the Comox Glacier Kings Junior Hockey Club, the Vancouver Island Junior Hockey League, Strathcona Gardens, their employees, coaching staff, management, officers, and volunteers, from any and all claims, obligations and rights which I/we may otherwise have against The Campbell River Storm Junior Hockey Club, the Comox Glacier Kings Junior Hockey Club the Vancouver Island Junior Hockey League, Strathcona Gardens, Comox Valley Sports Centre their employees, coaching staff, management, officers, and volunteers, by reason of not having obtained independent legal advice in connection with this Waiver.
3. I/we executed this Waiver of my/our own free will, and none of The Campbell River Storm Junior Hockey Club, the Comox Glacier Kings Junior Hockey Club the Vancouver Island Junior Hockey League, Strathcona Gardens, the Comox Valley Sports Centre their employees, coaching staff, management, officers, and volunteers have used any compulsion or made any threat or exercised any undue influence to induce me/us to execute this Waiver.

Player Name (Please Print)

Player Signature

Parent Name (Please Print)

Parent Signature

Date: _____





MEDICAL INFORMATION SHEET

Name: _____
 Date of birth: Day _____ Month _____ Year _____
 Address: _____
 Postal Code: _____
 Telephone: (____) _____ Cell: (____) _____

Alternate emergency contact (if parents are not available)
 Name: _____
 Relationship to Player: _____
 Telephone: (____) _____ Cell: (____) _____

Doctor's Name: _____
 Telephone: (____) _____

Dentist's Name: _____
 Telephone: (____) _____

Date of last complete physical examination: _____

Before a player participates in a hockey program it is recommended that they have a medical and that they also have any medical condition or injury problem checked by their family physician

Business Phone Number:(____) _____

Parent/Guardian #2: Name _____
 Business Phone Number:(____) _____

Please check the appropriate response and provide details below if you answer "Yes" to any of the questions.

- | | | |
|--|---|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> Medication | Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> Health problem that would interfere with participation on a hockey team |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies | Yes <input type="checkbox"/> No <input type="checkbox"/> Trouble breathing during exercise | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had an illness that lasted more than a week and required medical attention in the past year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Previous history of concussions | Yes <input type="checkbox"/> No <input type="checkbox"/> Heart Condition | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had injuries requiring medical attention in the past year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Fainting or seizure during or after physical activity | Yes <input type="checkbox"/> No <input type="checkbox"/> Palpitations or Racing Heart | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had injuries requiring medical attention in the past year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Near fainting or Brownouts | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of heart disease | Yes <input type="checkbox"/> No <input type="checkbox"/> Been admitted to hospital in the last year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Seizures and/or epilepsy | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of unexpected death during physical activity | Yes <input type="checkbox"/> No <input type="checkbox"/> Surgery in the last year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears glasses | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of unexplained death of a young person | Yes <input type="checkbox"/> No <input type="checkbox"/> Presently injured Injured body part: _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Are lenses shatterproof | Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes - Type 1 _____ Type 2 _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> Vaccinations up to date Date of last Tetanus Shot: _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears contact lenses | Yes <input type="checkbox"/> No <input type="checkbox"/> Wears medical information bracelet/necklace For what purpose? _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> Hepatitis B vaccination |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears dental appliance | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing problem | | |

Please give details if you answered "Yes" to any of the above. (Use separate sheet if necessary)

Medications: _____ Recent injuries: _____

Allergies: _____ Any information not covered above: _____

Medical conditions: _____

I understand that it is my responsibility to keep the team advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: _____ Signature of Player: _____

Date: _____ Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained by the Campbell River Storm will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act.

