

MEDICAL FORM

Mail to:

Hockey FUNdamentals Camp Inc.

4 Leggett Drive
Ajax, Ontario
L1Z 2C5

FAMILY INFORMATION:

Last Name of Parent/Guardian	First Name	Relationship to Participant	
Home Mailing Address	Apt. #	City	Postal Code

Is there any medical information that you would like us to know? Please indicate the participant's name.

**** Both sides of this form must be completed in full and submitted to Hockey Fundamentals Camp Inc. or your child will not be allowed to attend the program ****

Child's Last Name	First Name
Ontario Health Card #: _____	Birthdate: _____ / _____ / _____

1. Date of most recent booster, polio, tetanus, diphtheria: _____

2. Note any allergies your child has (foods, drugs, insect stings, other)

3. Is there anything else we should know about your child that will make his/her adjustment of our program easier? If you answer yes, we will be in touch with you to obtain more information.

Physical Challenges	Yes	No
Social/Emotional Concerns	Yes	No
Special Medication	Yes	No
Special Dietary Restrictions and/or Concerns	Yes	No

4. Is your child presently receiving any type of assistance or additional support at school (ie. Educational assistance)? Yes No

5. Are there any special friends you would like your child placed with?

Yes _____ No

6. I authorize Hockey Fundamentals Inc. to take photos of my child at the program for publicity and promotional purposes. It is my understanding that my child's name will never be used with the photo.



Signature of Parent/Guardian: _____ Telephone No.: (____) _____

Name of Parent/Guardian: _____

... See over ⇨

IN CASE OF EMERGENCY, CONTACT:

1. _____
First Name Last Name Relationship Home Telephone Work Telephone

2. _____
First Name Last Name Relationship Home Telephone Work Telephone

3. _____
First Name Last Name Relationship Home Telephone Work Telephone

FAMILY DOCTOR: _____ Telephone No.: (____) _____

ACCIDENT WAIVER

The registrant named on this application, their guardian and family hereby release "Hockey Fundamentals Inc." from all claims for damages arising from any accidents or injury which are caused by or arise from participation of the applicant named on this application during any part of the program or in any facility where the program is being held.

Parent/Guardian Signature: _____ Date: _____

How did you hear about Hockey Fundamentals Camp Inc.?

- A. Direct Mailing
- B. Newspaper/Community Brochure
- C. Friend
- D. Arena Brochure
- E. Sign Outside Arena
- F. Internet