

BANFF INTERNATIONAL HOCKEY SCHOOL
MEDICAL AND WAIVER FORM

NAME:

(First)

(Last)

SEX: M / F

DATE OF BIRTH: _____

AGE:

day/month/year

HOME ADDRESS:

PARENT OR GUARDIAN:

TELEPHONE NO: Home: (____) _____ Work: (____)

Other: (____)

PROVINCIAL HEALTH NO:

OTHER MEDICATION TAKING:

ALLERGIES: Yes / No If yes, describe:

RECENT HOSPITALIZATION FOR ASTHMA? Yes / No

MEDICATIONS FOR ASTHMA:

OTHER MEDICATIONS TAKING:

DOSAGES:

HEALTH PROBLEMS: Diabetes: Yes / No Epilepsy: Yes / No

Heart: Yes / No Kidney: Yes / No

PLEASE EXPLAIN:

RECENT INJURIES:

DATE:

Fractures: Yes / No

Dislocations: Yes / No

Surgery: Yes / No

Hospitalizations: Yes / No

Sprains/Strains: Yes / No

PLEASE EXPLAIN:

FAMILY PHYSICIAN:

ADDRESS:

PHONE NO: (____)

EYE GLASSES: Yes / No

CONTACT LENSES: Yes / No

HEARING PROBLEMS: Yes / No

SPECIAL DIET: _____ --

DATE OF LAST TETANUS SHOT:

OTHER COMMENTS:

I have read the complete brochure and application and medical form and agree to the terms therein. I certify that all the questions on the application have been answered correctly and I understand that my child/I will provide their/my own skates, sticks and equipment and I understand that no refunds made after June 1st other than in the event of accident or injury prior to or during the session. One half of unused fees will be returned if the request is accompanied by a Doctor's statement verifying the nature of the injury.

I understand that the Banff International Residential Hockey School, its associates, proprietors, licensees, employees, agents and/or representatives will not be held responsible for death or an accident, injury, loss or damage however caused, and hereby agree to release and hold harmless Banff International Residential Hockey School, its proprietors, management, facility owners and operators, employees, agents and/or representatives from all claims, damages, actions, loss, expenses and demands which may arise as a result of, or by reasons of death, injury loss, damage or medical expense may have been contributed or occasioned by the action, inaction or negligence of Banff International Residential Hockey School, the proprietors, management, facility owners and operators, employees, agents and/or representatives.

I authorize Banff International Residential Summer Hockey School staff to act in the place and position of a parent or guardian of my child while my child is at the summer hockey school. Recognizing this, I authorize each or any of them to provide to my child any medical treatment that they consider to be reasonable and necessary.

DATE: _____ **PARENTAL SIGNATURE:**

PLEASE BE ADVISED THAT BANFF INTERNATIONAL RESIDENTIAL HOCKEY SCHOOL DOES NOT CARRY ACCIDENT INSURANCE FOR HOCKEY SCHOOL PARTICIPANTS. PARENTS WILL BE RESPONSIBLE FOR ANY MEDICAL EXPENSES INCURRED WHILE THEIR CHILD IS IN ATTENDANCE AT THE SCHOOL, i.e., CASTS, AMBULANCE, HOSPITALIZATION, MEDICATIONS. OUT-OF-COUNTRY PARTICIPANTS, IN PARTICULAR, MAY WANT TO CONSIDER ADDITIONAL MEDICAL INSURANCE.