



PLEASE COMPLETE THIS FORM AND THE BEHAVIORAL CLAUSE FORM AND BRING THEM WITH YOU THE FIRST DAY OF CAMP. YOU WILL NOT BE ALLOWED TO PARTICIPATE IN THE CAMP WITHOUT THE COMPLETED FORMS.

CONFIDENTIAL HEALTH REPORT

This report, containing parent's and doctor's (if applicable) signatures must be completed before attending The Hockey Farm. We cannot accept a student's registration if he/she is not able to participate in the full program. The course includes a schedule of very rigorous athletic activities. If, following the completion of this medical form, an injury or illness is incurred which will prevent full participation in the program, the student must contact The Hockey Farm immediately. The Director cannot accept a registration if the student arrives medically unfit to participate in full program activities.

PLEASE PRINT - FORM CAN BE COMPLETED BY PARENT/GUARDIAN (in consultation with student's doctor or health records).

Student's Name _____
Student's Address _____ City _____
Province _____ Postal _____ Phone # _____
Weight _____ Height _____ Date of Birth _____
OHIP # _____

Complete and Current Health Insurance coverage is mandatory for the above named student.

TO BE COMPLETED BY THE FAMILY DOCTOR OR PARENT/GUARDIAN

1. Has this student ever suffered any of the following: Please enter a YES or NO
Appendicitis _____ Asthma _____ Epilepsy _____ Heart Disorder _____ Sinus _____
Allergies (specify) _____
Prescribed Medication(s) _____
2. Has this student ever suffered from the loss of a paired organ: YES / NO If Yes, please specify _____
3. Has this student ever experienced serious muscle/bone difficulties? Ankles _____ Knees _____ Other _____
4. Has any member of this student's family ever suffered a sudden death? YES / NO If Yes, please specify _____
5. This student has the following illness which will in no way restrict his/her full participation in all athletics offered:
Diagnosis _____ Recommendations _____

I believe, to the best of my knowledge, the above-named student to be in good health, (suffering from no illness and able to participate in all types of hockey related training, which demands physical exertion and stamina), and has not been exposed to any infectious disease. It is understood that, except for first-aid treatment, The Hockey Farm will accept no responsibility or liability for accident or illness incurred by the student during the Program. I hereby give my approval for emergency medical treatment, if required. I also agree to have in place, complete and current health insurance coverage for the above named student during the registered program week(s).

Signature of Parent or Guardian _____ Date Signed _____

Signature of Doctor (if applicable) _____ Date Signed _____