

ADVENTURE NORTH HOCKEY CAMP

Camper Health and Waiver

Camper's Name: _____ Preferred Name: _____

Birth Date: _____ Age at camp _____ Gender: Male ___ Female ___
Year Month Day

Parents'/Guardians' Names: _____

Home Phone #: _____ Work Phone #: _____

Mailing Address: _____

City: _____ Prov/State: _____ Country: _____ Postal/Zip: _____

Ontario Health Card #: _____ Email Address: _____

Other Medical Coverage: _____

Doctor's Name: _____ Phone: _____

An Emergency Contact Person (if Parent/Guardian is not available):

Name _____ Phone number _____

Relationship to camper _____ Are you bringing rollerblades to camp? _____

Please list all allergies, problems and the medications taken by your child. Please give instructions for dosage and times in which to administer them to your child.

Please Note: Medications **must** be in the original prescription container and those campers needing Epipens or Inhalers are asked to send two of each with your child to camp. You should also be aware that Adventure North Hockey Camp is **not** a peanut free environment. Those campers that have a severe food allergy should list the allergy under medical conditions and we will ensure that meals are prepared accordingly for your child.

Important Information - Please READ and SIGN

Consent to Treatment, Waiver, Release and Conditions of Enrolment

Health Coverage: Each camper must provide evidence of coverage under Ontario Health Insurance or equivalent. Non-residents will be billed for the costs of hospital out-patient visits (emergency room, X-rays, etc.). You will be responsible to seek reimbursement from your own insurance company for such expenses. _____ **Initial**

Medical Treatment: I hereby give permission to the Adventure North Hockey Camp First Aid Staff to assess and give medical treatment with over the counter drugs (example acetaminophen, ibuprofen) and including their prescriptions when necessary to my son/daughter. In the event that

a camper requires more than our First Aid treatment, all hospital treatment, medication and transportation will be charged to the camper's parents. In case of surgical emergency, I hereby give permission to the physicians at the hospital to hospitalize, secure proper treatment for my child as named above and will be responsible for any additional expense that may result from such services. _____ **Initial**

Liability: While every precaution is taken for the safety and good health of our camper, some sports and daily activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Adventure North Hockey Camp. I understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury. By signing below, you are releasing the employees, Directors, and Owners and the employees of facilities outside the camp grounds (the "Releasees") from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of Adventure North Hockey Camp including any programs or otherwise, notwithstanding that any such loss, injury or damage may have arisen by reason of negligence of the ("Releasees"). This release constitutes a waiver of legal rights and by signing below, you are also indicating that you have read carefully and understand the contents of this waiver and release. Jurisdiction: I understand that any and all actions arising out of this agreement or the use of Adventure North Hockey Camp will be governed by the laws of Ontario, Canada and I consent to the exclusive **jurisdiction** of the courts in Ontario, Canada. _____ **Initial**

Dismissal: The Director reserves the right to dismiss a camper without a refund who, in his opinion, is a hazard to the safety or rights of others or who appears to him to have rejected the reasonable controls of the camp. _____ **Initial**

Lost Items: Adventure North Hockey Camp is not responsible for personal items that are lost, stolen or damaged. _____ **Initial**

Promotional Photos: I grant permission to Adventure North Hockey Camp and to any third party authorized by Adventure North Hockey Camp to use photos, videos, or any other recording or reproduction of the camper in any medium for use in promotional materials. _____ **Initial**

Hockey Camp Waiver: There are many unknown risks that could result in physical injury within the sport of hockey. To avoid injury we ask that campers wear; CAHA approved equipment which includes throat guards and mouth guards. _____ **Initial** (applicable to hockey participants only)

Camp Waiver: I, _____, acknowledge that my child _____ will be participating in many activities which will include fitness equipment and various forms of physical exertion while at Adventure North Hockey Camp and release the camp owners/staff of any responsibility should my child become injured. We at Adventure North Hockey Camp, hold your child's safety and enjoyment in utmost priority. All of the staff and equipment are held to the highest of standards to make your child's stay here safe and pleasurable.

I have read this Camper Health/Waiver thoroughly and I accept the conditions of enrolment and cancellation policies of Adventure North Hockey Camp.

_____	_____	_____
Date	Parent/Guardian Signature	Parent/Guardian Printed Name