



P.O. Box 1534
Concord, MA 01742

888.371.1955
978.371.3355
978.371.3356 Fax

Medical Release and Contact Information

Session # _____

General Information

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Names: _____ & _____

Home Phone: _____ Work Phone: _____ Work Phone 2: _____

Cell Phone: _____ Emergency Phone: _____

Emergency Contact Information

Contact Name: _____ Relationship: _____

Contact Name: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Work Phone 2: _____

Doctor's Name: _____ Office #: _____

Dentist's Name: _____ Office #: _____

Other's Name: _____ Office #: _____

Health Care Provider: _____ Plan # _____ Phone #: _____

Travel Information

Hotel Name _____ Hotel Phone _____ Room # _____

Liability Waiver and Medical Release

I agree that I shall provide health insurance to cover any personal injury and property damage sustained by the student while participating in any activities or while on the premises of the Greg Carter's European Hockey Training Camp Inc.; the undersigned assumes all responsibility for any and all risk for damage or injury that may occur to the above named player/s as a participant in Greg Carter's European Hockey Training Camp Inc. including practices, games, skill sessions, clinics, Summer Camps and other activities related to the program. In consideration of such, the undersigned hereby releases and discharge the program, Greg Carter's European Hockey Training Camp Inc., Greg Carter, it's operators, employees, agents, supervisors, instructors and other players from all claims, demands, rights or cause of action present or future, whether known or anticipated and resulting from or arising out of or incident to the undersigned participation with the said program.

This is also my permission to have my child admitted and attended to, for medical or dental treatment in case of sickness or injury.

Signature of parent or guardian / player (18 older)

Date

NOTE: This medical release is relative to scheduled Greg Carter's European Hockey Training Camp activities in the event the parent(s)/ guardian are not present to assure medical treatment if necessary.



Physicals, Medical History and Immunization

Session # _____

You may also attached health record provided by your doctor

P.O. Box 1534
Concord, MA 01742

888.371.1955
978.371.3355
978.371.3356 Fax

Dates of Immunization:

Measles, Mumps, Rubella: _____
Second Measles vaccine: _____
Polio vaccine: _____
Diphtheria, Tetanus, Pertussis: _____
Date of last Tetanus Vaccine: _____
Hepatitis B (for children born after January 1, 1992): _____

The above patient was examined on _____. The patient's health history and immunization records were reviewed.

Weight: _____ Height: _____ BP: _____

Allergies: _____

Chronic Medical Problems: _____

Medication/Treatment: _____

Dietary Restrictions: _____

If the camper or staff member needs a prescribed medication during the camp, the following must be completed two weeks before the first day of camp: Written authorization signed by a parent or guardian, and written approval for the camp consultant to administer the medication.

I see no reason to restrict full participation in hockey camp.

Physician's Name (printed): _____

Physician's signature: _____

Date: _____

I certify that my child has not incurred any significant health problem(s) since the date of the above physical examination.

Parent's Signature: _____

Date _____