

New Canaan High School Boys Hockey Consent/Waiver Form 2016

PLAYERS CANNOT PARTICIPATE WITHOUT THIS FORM

Player Name _____

Parent Name _____

Address _____

Player Cell Phone _____

Player Email _____

Mother's Cell _____

Mother's Email _____

Father's Cell _____

Father's Email _____

CONSOLIDATED EVENT CONSENT & WAIVER

I, _____, the undersigned parent or guardian of _____, gives my permission for said child to play in the New Canaan High School:

- | | |
|------------------------|--------------------------------------|
| 1) Scrimmages | 4) Pre Season Boot Camp |
| 2) Captain's Practices | 5) Fall Weight Training/Conditioning |
| 3) Alumni Game | 6) Other games home/away |

I, the undersigned waive and agree to be responsible for an indemnify and hold harmless the Terry Connors Rink, the Darien Ice Rink, and Stamford Twin Rinks, SONO and any of the rinks we play at and all of their agents, representatives, assistants, and servants from any and all claims, damages, causes of action arising out of injuries which said son may receive while participating in the Scrimmages, Pre Season Boot Camp, Fall League, Captain's Practices, Fall Weight Training and Conditioning, and the Alumni Game.

_____ Parent Name _____ Parent Signature

CONSENT TO MEDICAL TREATMENT & HOSPITAL SERVICE

I, _____, the undersigned parent or guardian of _____, hereby consent and grant permission, should the necessity of medical care arise due to injury received by said son during participation in the Pre Season Boot Camp, Fall League, Captain's Practices, Fall Weight Training and Conditioning, and the Alumni Game, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified physician, including the administration of an anesthetic, laboratory procedure, medical or surgical treatment, x-ray or hospital services.

_____ Parent Name _____ Parent Signature

Insurance Provider and ID Number _____

Primary Name on Insurance _____