DALLAS DEVELOPMENTAL HOCKEY Inc., Coaching Camps and Instruction

Please fill out this form **COMPLETELY**. It is important for the provision of proper medical care. The section marked "Physician's Comments" need only be completed **if the participant has a major health problem**. When older participants are seen for minor illnesses or injuries, they are encouraged to inform their parents themselves. However, with younger participants, in most every instance, or with older participants with more serious problems, the physician will try to contact the parents to inform them of the problem and discuss the treatment. Occasionally, we are unable to reach parents immediately to inform them of a serious problem. The parent's signature on the medical treatment authorization allows us to go ahead with treatment in these circumstances. The local hospital, or a member of the school's staff will continue to call until contact is made with the parent or guardian.

MEDICAL HISTORY

(Please print)

I. PERSONAL INFORMATION

Name:_____ Sex: _____Male _____Female
last first middle

Home Address:_____
No. Street City State Zip Code

Phone: (____) _____ Email _____ Date of Birth:___/___/___ Age:_____

In case of emergency notify:_____
(name of parent or next of kin) (relationship) Home cell

In case of emergency notify:_____
(name of parent or next of kin) (relationship) Home cell

Family Physician:_____ Address: _____ city _____ state ____

Phone: (____) _____

II. FAMILY / PERSONAL HISTORY

(What do we need to be aware of about your player - Allergies – Asthma – Epilepsy – Heart Condition – Bleeding Disorder – Kidney Disease – Head Injuries – Fractures – Surgery – Hospitalization – Medication – Other – Please be specific)

III. INSURANCE INFORMATION

Participant **must** be covered by a health insurance policy.

Primary Insurance

Company Name:_____ Med. Ins. Group #:_____

Company Address:_____ Name of person insured:_____

_____ DOB of insured:_____

Ins. Company phone:_____ SS# of insured:_____

Med. Ins. Policy Number:_____ Employer of insured:_____

IV. MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

I, the undersigned acknowledge that I am the parent or guardian of_____, and do hereby grant my permission for my hockey player to attend a Dallas Developmental Hockey Inc., Coaching Camps and Instruction Hockey Camp Program, and to actively and fully participate in all activities thereof. In the event of an injury or illness during these activities, my signature indicates that I agree to allow medical treatment even if I cannot be contacted, and authorize Dallas Developmental Hockey Inc. and/or the local hospital to provide the needed medical treatment they deem necessary. I hereby release Dallas Developmental Hockey Inc., all members of the program's staff, the host ice facility and it's staff, the local hospital and their agents, employees, and representatives, and all officers of Dallas Developmental Hockey Inc. from any and all claims and liability arising in any way out of its exercise of this authority. I further acknowledge, understand, and agree that in participating in this activity there is a possibility of physical illness or injury and that I, as parent or guardian of my hockey player, am assuming the risk of such injury by his/her participation and release Dallas Developmental Hockey Inc., the program's staff, the Host Ice Rink and it's staff, and all affiliated with or participating in the Dallas Developmental Hockey Inc. Coaching Camps and Instruction program from all liability, claims, obligations or responsibility for personal property losses, accidents or injuries of any kind. I understand the inherent risks of the training process for being a hockey player and recognize that the program is strenuous. I have received a copy of the schedule and understand the activities. I understand that full, legal equipment is to be worn properly at all times on ice or on the bench. I further authorize the program staff to administer non-prescription analgesics for minor medical problems such as headaches, etc. unless I have requested otherwise.

_____

parent / guardian signature hockey player's signature date