

P.O. Box 1534 Concord, MA 01742

888.371.1955 978.371.3355 978.371.3356 Fax

Medical Release and Contact Information **Session** # _____

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 #: Dentist'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 properly 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.; the undersigned assumes all responsibility for any and all risk for damage or injury that may occur to the above named playery's as a participant in Greg Carter's European Hockey Training Camp Inc.; the undersigned hereby releases and discharge the program. Greg Carter's European Hockey Training Camp Inc.; for ge 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.		General Informatio	on	
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 #: Dentist's Name: Office #: Health Care Provider: Plan # Phone #: Itability Waiver and Medical Release I agree that I shall provide health insurance to cover any personal injury and properly 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.; 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.; the undersigned hereby releases and discharge the program. Greg Carter's European Hockey Training Camp Inc.; foreg 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.	Name:		DOB:	
Parent's Names:				
Parent's Names:				
Emergency Contact Information Contact Name: Relationship: Relationship: Gity: State: Zip Code: Work Phone: Work Phone 2: Work Phone 2: Office #:				
Emergency Contact Information Contact Name:	Home Phone:	Work Phone:	Work Phone 2:	
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.; the undersigned hereby releases and discharge the program, Greg Carter's European Hockey Training Camp Inc.; 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.	Cell Phone:	Emergency Pho	ne:	
Contact Name:	Emer	gency Contact Infor	mation	
City:	Contact Name:	Relationship:		
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. 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.	Contact Name:	Relo	Relationship:	
Doctor's Name: Office #: Other's Name: Office #: Other's Name: Office #: Health Care Provider: Plan # Phone #: Itability Waiver and Medical Release Liability Waiver and Medical Release Description of the 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.	City:	State:	Zip Code:	
Office #:	Home Phone:	Work Phone:	Work Phone 2:	
Office #:	Doctor's Name:	Office #:		
Travel Information Hotel Name Hotel Phone Room #	Dentist's Name:	Office #:		
Hotel Name Hotel Phone Room #	Other's Name:	Office #:		
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.	Health Care Provider:	Plan #	Phone #:	
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.		Travel Information	า	
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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.	Liability	Waiver and Medic	al Release	
Signature of parent or guardian / player (18 older)	student while participating in any activation Training Camp Inc.; the undersigned may occur to the above named player including practices, games, skill session consideration of such, the undersigned Hockey Training Camp Inc., Greg Caplayers from all claims, demands, right resulting from or arising out of or incirculation.	vities or while on the premises of the assumes all responsibility for any air/s as a participant in Greg Carter's ons, clinics, Summer Camps and ot d hereby releases and discharge the later, it's operators, employees, agents or cause of action present or fut dent to the undersigned participation child admitted and attended to, for	e Greg Carter's European Hockey and all risk for damage or injury that is European Hockey Training Camp Inc. her activities related to the program. In ee program, Greg Carter's European ints, supervisors, instructors and other ure, whether known or anticipated and on with the said program.	

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.



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Physicals, Medical History and Immunization **Session** # _____

You may also attached health record provided by your doctor

Dates of Immuniz	ation:		
Measles, Mumps,	Rubella:		
	accine:		
	us, Pertussis:		
	us Vaccine:		
	ildren born after January 1, 1992		
	t was examined on records were reviewed.	The	e patient's health history
Weight:	Height:	BP:	
Allergies:			
Chronic Medical	Problems:		
Medication/Treat	ment:		
Dietary Restriction	ns:		
completed two wee	off member needs a prescribed makes before the first day of camp: Wen approval for the camp consult	ritten authorization	n signed by a parent or
l see no reason to	o restrict full participation in ho	ockey camp.	
Physician's Name	(printed):		
Physician's signat	ure:		
I certify that my cl the above physico	nild has not incurred any signital examination.	icant health prob	olem(s) since the date of
	9:		
Date			