

**Yukon Amateur Hockey Association**  
**Canada Winter Games Spring ID Camp 2010**

**Category** (please circle)                      **Male**                      **Female**

Name of Player: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Email: \_\_\_\_\_ (parent)                      \_\_\_\_\_ (child)

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Yukon Health Car Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Contact Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Player cell phone: \_\_\_\_\_

Name of person to contact in case of an emergency if parent/guardian is not available:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe any relevant medical information that we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

- Any medical condition or injury should be checked by your physician before participating in a hockey program
- I understand that it is my responsibility to keep YAHA advised of any changes in the above information as soon as possible and in the event that no one can be contacted, YAHA may take my child to the hospital if deemed necessary
- I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child
- I also release of information to appropriate people (coach, physician) as deemed necessary
- I understand that there is adherent risk associated with playing hockey and absolve YAHA and it's coaches, volunteers and staff of any liability for injury to my child and/or loss or damage of equipment

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Cost: Male \$35.00 \_\_\_\_\_ Female \$40 \_\_\_\_\_ Late Fee: additional \$20 \_\_\_\_\_

Paid:                      Cheque                      # \_\_\_\_\_ (payable to Yukon Amateur Hockey Association)  
                                  Cash                                      \_\_\_\_\_  
                                  Credit Card                      \_\_\_\_\_ exp. \_\_\_\_\_ (add \$3.50)