

Yukon Amateur Hockey Association

**Northern Avalanche Canada Winter Games
Female Trials
August-September 2010**

Name of Player: _____

Address: _____
_____ Postal Code _____

Phone Number: _____ Cell Number: _____

Email: _____

Date of Birth: _____ Age: _____

Yukon Health Car Number: _____

Name of Parent/Guardian: _____

Contact Number: (h) _____ (w) _____ (cell) _____

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: \$70.00

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