



FEMALE HIGH PERFORMANCE CAMP
PARTICIPANT REGISTRATION FORM
FEBRUARY 5-7, 2010 HAINES JUNCTION



NAME: _____ BIRTHDATE: _____

ADDRESS: _____ AGE: _____

PHONE: Home _____ Work _____

Yukon Health Care Number: _____ AGE: _____

Aboriginal Descent (not required information): Yes No

Name of Parent or Guardian: _____

Person to contact in case of an emergency if parents are not available:

Name: _____ Phone: _____

Please Circle:						
Role:	Athlete	Coach				
Division:	Tykes	Novice	Atom	Peewee	Bantam	Midget/Juvenile

Doctor's Name _____

- | | | |
|-----|----|--|
| Yes | No | Previous history of concussion? |
| Yes | No | Fainting episodes during exercise? |
| Yes | No | Epileptic? |
| Yes | No | Glasses? |
| Yes | No | Shatterproof Lenses? |
| Yes | No | Contact lenses? |
| Yes | No | Dental appliances? |
| Yes | No | Hearing problem? |
| Yes | No | Asthma? |
| Yes | No | Trouble breathing during exercise? |
| Yes | No | Heart condition? |
| Yes | No | Diabetic? |
| Yes | No | Illness lasting more than one week in the past year? |
| Yes | No | Any medication? |
| Yes | No | Allergies? |
| Yes | No | Medic alert bracelet or necklace? |
| Yes | No | Health problem that interferes with athletics? |
| Yes | No | Surgery in the last year? |
| Yes | No | Has your child been admitted to the hospital in the last year? |
| Yes | No | Current or recent injuries? |

More on the back ↗

Please give details if you answered YES to any of the previous questions

Do you take any medications?

Do you any other relevant medical information to add?

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 the camp officials advised of any change in the above information as soon as possible and that in the event no one can be contacted; camp officials will take my child to the hospital or nursing station if deemed necessary.
- I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child
- I also authorize release of information to appropriate people (coach, physician, nursing Staff) as deemed necessary.

Date: _____ Signature of Parent or Guardian: _____

Insured with BCAHA Yes/No Minor Hockey Assoc. _____
(If not insured a \$55.00 Insurance fee must be included with the Registration fee)

Waiver/Disclaimer

The Hockey Camp instructors/coaches, Yukon Aboriginal Sport Circle, Yukon Amateur Hockey Association, Haines Junction Minor Hockey Association or other proprietors are not liable and will not be held responsible for any accident, personal injury, or loss of any kind.

Parent Name _____ Signature _____ Date _____

**REGISTRATION FEES ARE \$50.00/PLAYER BY FRIDAY, JANUARY 29, 2010
\$60.00/ PLAYER AFTER JANUARY 29, 2010**

Please send Registration forms to the Yukon Aboriginal Sport Circle 4061-4th Ave, Whitehorse, Y1A 1H1. Fax is 667-4237. Players must be registered and paid in full prior to stepping on the ice. Please make cheques payable to Yukon Aboriginal Sport Circle. For more information, please call Mark Ritchie (HJMHA) 867-634-2943



Canadian Heritage

Patrimoine canadien

