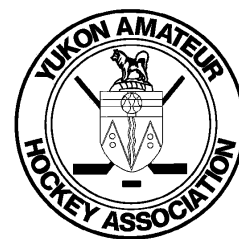




FEMALE HIGH PERFORMANCE CAMP
 PARTICIPANT REGISTRATION FORM
 DECEMBER 10-12, 2010 HAINES JUNCTION



NAME: _____ BIRTHDATE: _____

ADDRESS: _____ AGE: _____

PHONE: Home _____ Work _____

Yukon Health Care Number: _____

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: | Atom | Pee wee | Bantam | Midget | Juvenile | Adult |

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 player 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

Does player take any medications?

Does player have any other relevant medical information to add?

- 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 the player 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 the player.
- I also authorize release of information to appropriate people (coach, physician, nursing Staff) as deemed necessary.

Date: _____

Signature of Player or Parent/Guardian: _____

Insured with BCAHA/USA Hockey? Yes/No

Minor Hockey Association _____

(If not insured a \$40.00 Insurance fee must be included with the Registration fee)

Waiver/Disclaimer

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

| Player or Parent/Player Name | Signature | Date |
|------------------------------|-----------|------|
|------------------------------|-----------|------|

REGISTRATION FEES ARE \$50.00/PLAYER BY FRIDAY, DECEMBER 3, 2010 OR \$60.00/ PLAYER AFTER DECEMBER 3, 2010

Please send Registration forms to Haines Junction Minor Hockey Association, Box 5329, Haines Junction, YT Y0B 1L0. Players must be registered and paid in full prior to stepping on the ice. Please make cheques payable to HJMHA. For more information, please call Mark Ritchie (HJMHA) 867-634-2943

