



## ROCKY MOUNTAIN HOCKEY SCHOOLS HEALTH & RELEASE FORM

***PLEASE PRINT THIS FORM, COMPLETE IT & BRING IT WITH YOU TO CAMP***  
(You will not be admitted to camp without this completed form.)

Camper: \_\_\_\_\_ DOB: \_\_\_\_\_ Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

H Phone: \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail \_\_\_\_\_

My Phone Number while named camper is at camp (if different from above) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Emergency contact phone (\_\_\_\_) \_\_\_\_\_

### HEALTH & GENERAL HISTORY

If the camper should be restricted from any activity please note: \_\_\_\_\_

If the camper will be taking medication during camp, please indicate name of drug and dosage: \_\_\_\_\_

\_\_\_\_\_  
Please identify any medical condition or medical history that would require special attention:

\_\_\_\_\_  
I hereby certify that the named camper is physically able to participate in the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the parent (guardian) of \_\_\_\_\_, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I hereby waive and release the Staff, Camp Management and Sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further understand that Rocky Mountain Hockey Schools, Inc (RMHS), retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp. I/we understand and acknowledge the risk upon entering events sponsored by RMHS, I/we understand and appreciate that participation or observation of the sport constitutes a risk to me/ us of serious injury, including permanent paralysis or death. I/we voluntarily and knowingly recognize, accept, and assume this risk and release RMHS, arena owners and/or lessees, their sponsors, event organizers and officials from any liability therefore.

Signed \_\_\_\_\_ Date: \_\_\_\_\_