



Pro Ambitions Hockey, Inc.

PO Box 565, Dover Ma 02030

VM 508-497-1089 Fax 508-785-0865

Camp # _____

Waiver of Liability ~ 2008

Location _____

Camper's Name _____

I agree that I shall provide health insurance (including a copy of an insurance coverage card or similar document) to cover any personal injury and property damage sustained by the camper while participating in any activities of or while on the premises of Pro Ambitions Hockey, Inc. or premises leased or otherwise under the control of Pro Ambitions Hockey, Inc. The undersigned assumes all responsibility for any and all risk of damage or injury that may occur to the above named player as a participant in Pro Ambitions Hockey, Inc., including practices, scrimmages, skills sessions, clinics, boarding camps, games, tournaments and other activities related to the program, including activities at Hat Trick Training Center Ice facility. Additionally, the undersigned hereby releases and discharges the program, Jeff Serowik, its operators, employees, agents, supervisors, instructors and other players from all claims, demands, rights or causes of action present of future, whether known or anticipated and resulting from or arising out of or incident to the undersigned participation in said program. This is also my permission to have my child admitted and attended to, for medical and dental treatment, in case of sickness or injury. I hereby grant Pro Ambitions Hockey, Inc the right to use photographs, video images and/or other media of my child for publicity, advertising and/or other commercial purposes. Pro Ambitions Hockey, Inc. has a zero tolerance policy with respect to uncontrollable behavior, alcohol, tobacco, drugs and other controlled substances and weapons of any kind. Any participant possessing any of these will be immediately dismissed from the program and will forfeit all amount paid. **By signing this release and by being enrolled in this program you assent to the enforcement of this policy and you hereby grant Pro Ambitions Hockey, Inc. the right to inspect any and all personal belongings at any time on or off premises in relation to the program.** Dates, times and prices are subject to change.

Printed Name of Parent / Legal Guardian _____(18 or older)

Signature of Parent / Legal Guardian _____

Date _____

Note: This release must be signed prior to the participation in the camp.



Pro Ambitions Hockey, Inc.
 PO Box 565, Dover Ma 02030
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 Health Form ~ Summer 2008

| |
|----------------|
| Camp # _____ |
| Location _____ |

Camper _____
 Parent / Guardian _____
 Home Phone (____) _____ Cell Phone (____) _____ Email _____

HEALTH HISTORY

Physician's Name _____ Phone (____) _____

Insurance Provider _____ Group # _____ Policy # _____

Allergies (include medications, foods, insect venoms) _____

Chronic medical conditions _____

Medications _____

Will camper bring any medication to camp? Yes No _____

Does camper wear contacts? Yes No Does camper have a sensitivity to heat/exercise? Yes No

Do you grant permission for application of sunscreen? Yes No

Parent / Guardian Signature _____ Date _____

PHYSICIAN'S SECTION

IMPORTANT: This section must be completed and signed by your physician or a signed physician's report may be enclosed with this form.

Physical Exam

Date of last physical exam _____ HT _____ WT _____ Male _____ Female _____

Copy of Immunization Record-Mandatory

Is the above camper physically fit and able to attend Pro Ambitions Hockey Camp? Yes No

Physician's or Practitioner's Name *(please print)*

Physician's or Practitioner's Signature _____ Date _____

Address _____
 Street City State Zip

Physician's License # _____ Phone (____) _____

PLEASE CONTINUE ON NEXT PAGE

**Pro Ambitions Hockey Camps, Inc.
Health Form ~ Summer 2008**

PERMISSION FOR MEDICAL CARE

I hereby authorize Pro Ambitions Hockey Camps, Inc., or any other appropriate members, to carry out the necessary procedures for diagnosis, immunization, medical treatment, and / or surgical treatment for my son / daughter

_____ (please print full name)
Signature _____ Date _____
Name (please print) _____ Relationship _____

In rare instances, a medical or surgical emergency requiring treatment arises in which written consent by parents or guardians is legally required, but the proper person cannot be located. In this event, and in order to avoid delay that might jeopardize the life or recovery of a camper, we request the following permission from parents or guardians, with the understanding that every effort will be made to contact you in an emergency.

I hereby grant permission to authorize any member of Pro Ambitions Hockey Camps, Inc. or other physicians or surgeons, to give emergency anesthesia and perform medical or surgical procedures on my son / daughter _____ in the event that he/she is unable to contact me when further delay might jeopardize life or impair recovery. (please print full name)

Signature _____ Date _____
Name (please print) _____ Relationship _____

BY SIGNING THIS FORM

I hereby grant permission to any hospital or physician service to submit to and collect from my primary insurance company any and all appropriate charges incurred for services rendered at any of the above-mentioned facilities.

I hereby grant permission for the release of any medical information necessary to process said claims for my child.

Signature _____ Date _____
Name (please print) _____ Relationship _____

PARENT SECTION

Camper's Last Name _____ Camper's First Name _____ MI _____

Address _____

Street City State Zip

Birth Date _____

Emergency Contact Information (If same as Parent Information on reverse side, put "same.")

Emergency Contact Name _____

Home Phone (_____) _____ Cell Phone (_____) _____

* If you are staying away from home during the camp session, please give a local phone number for an emergency contact (_____) _____

Camper Drop Off / Pick Up Information

Person who will **drop off** camper at camp (please print) _____

Driver's License / ID # _____

Person who will **pick up** camper after camp (please print) _____

Driver's License / ID # _____

By signing this form, we the undersigned swear that all the information is correct to the best of our knowledge.

Parent / Guardian Signature Date

Parent / Guardian Signature Date