



**Pro Ambitions Hockey, Inc.**

**PO Box 262 Hampton, NH 03843**

**Location \_\_\_\_\_**

**VM 508-497-1089 Fax 603-758-1132**

**Waiver of Liability ~ 2012**

**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, paintball, tournaments and other activities related to the program, including Pro Ambitions Select teams/Nashua Panthers Organization, Pro Ambitions Ponds, Twin Sticks, Inc, the Pond of Norwood and Hat Trick Training Center in Middleton MA and Hockey Skills Challenge. 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 or future, whether known or anticipated and resulting from or arising out of an 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, that all physicals and inoculations are up to date. 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. I understand the event may be photographed, videotaped or otherwise recorded, I agree to let the above parties use my name, photo likeness and demographic information free of charge in any manner and for any purpose in any media now known or hereafter created. Pro Ambitions Hockey, Inc. has a zero tolerance policy with respect to uncontrollable behavior, bullying, hazing, 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 amounts 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. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Event is taking place and agree that if any portion of this agreement is invalid, the remainder shall continue in full legal force and effect. I further agree that any legal proceedings related to this waiver shall take place in the Boston, Commonwealth of Massachusetts.

**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 Program



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Health Form ~ **FOR SUMMER CAMPS ONLY 2012**

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 \_\_\_ If Yes, It need to be in original container an properly labeled. Does camper wear contacts? Yes \_\_\_ No \_\_\_ Does your camper have a sensitivity to heat/exercise? Yes \_\_\_ No \_\_\_ Do you grant permission for the use of sunscreen, Ibuprofen/Tylenol and otc Benadryl pills? 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 n..., 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 2011- PAGE 2

**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

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ (please print full name)  
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 \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**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 \_\_\_\_\_