

Columbia Valley Hockey School

Waiver Form

PLAYER NAME:

PLAYER ADDRESS:

HOME PHONE:

BIRTH DATE:

FOR EMERGENCIES:

PARENT(S) NAME:

HOME PHONE:

BUSINESS/ALTERNATE PHONE:

ADDRESS:

NAME (INDIVIDUAL AT DIFFERENT ADDRESS OR PHONE NUMBER)

RELATIONSHIP:

HOME PHONE:

BUSINESS PHONE:

ADDRESS:

MEDICAL COVERAGE:

HEALTH INSURANCE POLICY NUMBER (USA ONLY):

NAME OF INSURANCE COMPANY (USA ONLY):

Health Card Number (Canada):

DOCTORS NAME:

DOCTORS PHONE:

LIST OF ANY ALLERGIES (MEDICAL AND/OR FOOD):

LIST ALL PROPER ADMINISTRATION METHODS OF MEDICATIONS AND FREQUENCY OF
ADMINISTRATION:

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TERMS AND CONDITIONS/CODE OF CONDUCT:

The player and parent and /or guardian assumes all risk of any personal injury which may result in transportation and/or participation in all activities of Columbia Valley Hockey School (CVHS). The player and parent understands that the sport of ice hockey has physical dangers which may result in serious injuries. *All players are advised to carry medical insurance.* The player and parent certifies that the player has no known medical conditions that which would prohibit them from playing the sport of ice hockey. The player agrees to wear specified CSA approved equipment that is in proper working order. The player agrees that he will follow all rules and policies with CVHS both on and off the ice. The player and parent agrees to reimburse CVHS within five days of notice, for the cost of any property damage for which the player is held responsible. There is no reimbursement of any kind to any player. Deposit's are non-refundable. The player and parent understands and agrees that he the player may be expelled for any of the following reasons;

1. Financial delinquency
2. Falsification of registration information
3. Failure to abide by the CVHS rules and regulations

By signing, I have read and agree to the conditions outlined above.

Player:

Dated:

Parent and/or Guardian:

Dated:
