

Ridge Jr. Devils Hockey Club

Insurance Waiver Information

Release of Liability/Acknowledgement of Risk

Upon entering events sponsored by the Ridge Ice Hockey Association, and/or its members, I/we understand and appreciate that participation and observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis and or death. I/We voluntarily and knowingly recognize, accept and assume the risk and release the Ridge Ice Hockey Association its affiliates, their sponsors, event organizers, and officials from liability, therefore:

Team: ***Ridge Junior Devils***

Player's Name: _____

Parent/ Guardian: _____

Parent Signature: _____ Date: _____

Permission to Treat/Health Information Form

As parents/guardians of the above named player, I hereby give my permission to have medical treatment given to my child _____ at any time deemed necessary during the playing season in my absence from any event. I authorize the coaches and or team managers to arrange for any medical treatment deemed appropriate at the time and hold them harmless for the same.

Parent Signature: _____ Date: _____

Father's Name: _____ Mother's Name: _____

Home Tel #: _____ Home Tel #: _____

Work Tel #: _____ Work Tel#: _____

Cell #: _____ Cell #: _____

Emergency Contact: _____

Home Tel #: _____ Work Tel #: _____ Cell # _____

Any special medical concerns/allergies that we should know about: ___ NO ___ YES

If so, describe: _____

Is player presently taking any medications? ___ NO ___ YES

If so, please list name and reason: _____

Physician's Name: _____ Tel #: _____

Hospital Choice: _____

Additional Comments:

