



Electric City Special Needs Hockey Team Registration Form 2017-2018

Player Name: _____ Email address: _____

Parents/Caregivers Names: _____

Address: _____ City: _____ Postal Code: _____

Date of Birth : Day _____ Month _____ Year _____ Telephone: Home/Cell: _____

Emergency Contact: _____ Phone #: _____

NOTE: For players with Down's Syndrome: Test results from Atlanto-axial-dislocation: Postive _____ Negative _____

MEDICAL INFORMATION FOR ALL PLAYERS MUST BE PROVIDED EACH SEASON EVEN FOR RETURNING PLAYERS

In order to better understand the specific needs for each player, we are asking for a brief medical history. This will enable the coaches to be aware of any medical conditions. Please elaborate if the above mentioned player has a medical history/any health concerns/medications that we should be aware of. Please give details in this section:

Seizures: Yes ___ No ___ Asthma: Yes ___ No ___

Please list Special Needs here (medication information, but not dosage, if possible please):

IMPORTANT: Is a Player Support Plan required to assist the coaches, trainers & on-ice volunteers? Yes ___ No ___

I understand that in the event of an injury requiring medical treatment as deemed by a Doctor, power of consent for the deemed treatment is granted to the Coach, Assistant Coach, Trainer or Executive Member. In addition, I understand that the coaches, volunteers, trainers, etc, nor their families, estates, etc are not financially responsible for any injury that may occur while participating in any programs & I waive my rights to hold them responsible. I also give my consent to have the above mentioned medical information passed along to our coaches/on-ice volunteers & trainers.

Please be aware that this is NOT a drop off program. Parents/Guardians are required to stay at the arena with the participant.

I understand that equipment is sometimes loaned out to the players and must be returned at the end of season.

Parent Signature: _____ Date: _____

Player signature(over 18 or if able under 18): _____

Funding Application Submitted(Player under 18) : Y/N _____

Funding Received: _____

Fee (\$300.00) Paid : Date _____ Signature of Receipts: _____/_____

Invoice # _____

Receipt # _____