

## Lee Valley Lions Junior Ice Hockey Club Medical Consent Form

To be completed by: Parent / Guardian of all U9 – U18 players

Player First Name		Player Surname	
Date of Birth	/ /	Hockey Age Group (circle)	LTP U9 U11 U13 U15 U18
Doctors Name and Surgery		Doctors Phone No	
Emergency Contact Details	Name _____ Relationship to child: _____ Telephone _____		
Give details of any medical condition. (e.g Asthma, epilepsy etc ) <b>If none mark N/A</b>		Give details of any allergies.  <b>If none mark N/A</b>	
Do you take any medication?  <b>If none mark N/A</b>		Have you had any head or neck injuries in past 2yrs? <b>If none mark N/A</b>	
Are you up to date with your tetanus injection?	Yes / No  Date:	Any other information the coaches should be aware of?	

I agree to my son / daughter participating in sporting and other recreational activities organised by the Lee Valley Lions Junior Ice Hockey Club during their time as members of the club.

I authorise an official from Lee Valley Lions Junior Ice Hockey Club to agree to emergency treatment of any injury or illness of my child if qualified medical personnel consider treatment necessary and perform treatment. This authorisation is granted only if I cannot be reached and a reasonable effort has been made to do so. (this is a necessary precaution . If you do not accompany your child to training or games, treatment may be delayed without parental consent)

My child and I are aware that participating in ice hockey is a potentially dangerous sport. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

I understand this consent form and agree to its conditions on behalf of my child.

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_