

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age at camp \_\_\_\_\_  
Month/ Day/Year

Gender: Male \_\_\_ Female \_\_\_

Parents'/Guardians' Names:

\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

City: \_\_\_\_\_

Prov \_\_\_\_\_

Postal/Zip: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Medical Coverage:

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone:

\_\_\_\_\_

An Emergency Contact Person (if Parent/Guardian is not available):

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship \_\_\_\_\_

Please list all allergies, problems and the medications taken by your child. Please give instructions for dosage and times to administer them to your child.

---

---

**Please Note:** Medications **must** be in the original prescription container and those Who need Inhalers are asked to send two of each with your child to camp. You should be aware that The Edge Sports Training Camp is not a peanut free environment. Those that have a severe food allergy should list the allergy under medical conditions and we will ensure that meals are prepared accordingly for your child.

**Important Information - Please READ and SIGN**

*Consent to Treatment, Waiver, Release and Conditions of Enrolment*

**Health Coverage:** Each person must provide evidence of coverage under Canada Health Insurance or equivalent. Non-residents will be billed for the costs of hospital out-patient visits (Emergency room, X-rays, etc.). You will be responsible to seek reimbursement from your own Insurance Company for such expenses.

**Medical Treatment:** Please include their prescriptions when necessary to my son/daughter. In the event that A player requires more than our First Aid treatment, all hospital treatment, medication and transportation will be charged to the parents. In case of surgical emergency, I hereby give permission to the physicians at the hospital to hospitalize, secure proper treatment for my child as named above and will be responsible for any additional expense that may result from such services.

**Liability:** While every precaution is taken for the safety and good health at The Edge Sports training, some sports and daily activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities. I understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury. By signing below, you are releasing the employees, Directors, and Owners and the employees of facilities outside the camp grounds (the "Releases") from any and all actions, Causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of Edge Hockey Including, any property or equipment, notwithstanding that any such loss, injury or damage may have arisen by reason of negligence of the releases. This release constitutes a waiver of legal rights and by signing below, you are also indicating that you have read carefully and understand the contents of this waiver and release. Jurisdiction: I understand that any and all actions arising out of this agreement or the use of The

Edge hockey program will be governed by the laws of Prince Edward Island, Canada and I consent to the exclusive **jurisdiction** of the courts Prince Edward Island, Canada.

**Dismissal:** The Director reserves the right to dismiss a participant without a refund who, in his opinion, is a hazard to the safety or rights of others or who appears to him to have rejected the reasonable controls of the camp.

**Lost Items:** The Edge Sports is not responsible for personal items that are lost, Stolen or damaged.

**Promotional Photos:** I grant permission to The Edge Sports Training Camp and to any third party authorized by The Edge Sports Training to use photos, videos, or any other recording or reproduction of the participant in any medium for use in promotional materials.

**Waiver:** There are many unknown risks that could result in physical injury within the sport of hockey. To avoid injury we ask that campers wear; CAHA approved equipment which includes throat guards and mouth guards.  
(Applicable to hockey participants only)

I, \_\_\_\_\_, acknowledge that my child \_\_\_\_\_ will be participating in many activities which will include fitness equipment and various forms of physical exertion while at The Edge Sports Camp and release the camp owners/staff of any responsibility should my child become injured. We at the Edge sports training, hold your child's safety and enjoyment in utmost priority. All of the staff and equipment are held to the highest of standards to make your child's time here safe and pleasurable.

I have read this Health/Waiver thoroughly and I accept the conditions of enrolment and cancellation policies of the Edge Sports Training Camp.

\_\_\_\_\_

\_\_\_\_\_

**Date Parent/Guardian Signature Parent/Guardian Printed Name**