



Registration and Consent Form

Name: _____ D.O.B _____ Gender: M/F

Address: _____

Phone #: _____ Email: _____

Emergency Contact and Number: _____

Medical Conditions and/or Allergies and/or Prescription Drugs that may limit exercise tolerance:

(Please initial and sign to confirm that you have read each section and sign off in the correct areas)

I understand the inherent risks (injury to body or death) involved with participating in physical activity and hockey specific training sessions. I (Full Name) _____ acknowledge that I am in good health and can freely participate in physical activity and activities associated with Hockey Specific Training. I have completed the medical details and consent that if in the event of any illness/accident (injury or death), any necessary treatment can be administered to me to ensure my wellbeing. I understand that the staff working at Blue Chip Training Center Inc. will take every precaution to ensure that accidents do not happen; however, they cannot be held responsible for any loss of personal items, damage to personal equipment, or injury suffered to myself during the course of the training program. (Initials) _____

Signature: _____

Parent/ Guardian Signature (If under 18 years old) _____

Date: _____