

FIELD HOCKEY BC TOURNAMENT WAIVER



Please read all sections and complete #1-8

1. TEAM: _____

2. Athlete Name: _____ 3. DOB: _____

4. Athlete Personal Health #: _____

Medical Information

5. Doctor name & phone #: _____

Medical Waiver and Release

In the event the parent/guardian is unavailable during medical emergency, consent is given for the Coach or Manager to sign on behalf of the athlete. **I hereby release Field Hockey BC and its officers from any claim in respect to any loss or injury in connection with the Provincial Program.**

6. Parent Signature: _____

7. Phone number: _____

DRIVING

During tournaments, it is likely for coaches, managers and/or parents to act as volunteer drivers.

Please sign here to acknowledge and give consent for your athlete to be driven by a volunteer driver during the tournament.

8. Parent signature: _____

Please note any relevant information about your athlete in the below section

Allergies/Diet Restrictions/Medication

- Allergies: _____
- Food restrictions: _____
- Medication: _____
- **Y / N** Over-the-counter medications (Tylenol, Advil, and Antihistamine) may be administered by chaperones

Health Concerns / Recent Injuries:
