



**\*\*PLEASE PRINT\*\* – TAKE SIGNED COPY TO TRIALS**

**FHBC MEDICAL RELEASE & WAIVER – TRIALS 2017**

**Athlete Name:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Region:** \_\_\_\_\_

**Medical Waiver:**

In the event that the parent or guardian is unavailable during a medical emergency, consent is given for the Squad Coach or Manager to sign on behalf of the athlete.

**Release:**

I hereby release Field Hockey BC and its officers from any claim in respect to any loss or injury in connection with the Regional, Zone, Elite or Provincial Program.

**Athlete Name:** \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Athlete's Personal Health #: \_\_\_\_\_

Athlete's date of birth: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent phone #: \_\_\_\_\_