



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

FHBC MEDICAL RELEASE & WAIVER – TRIALS 2017

Athlete Name: _____

Program (U15/18/23): _____

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 Signature: _____

Athlete Personal Health #: _____

Athlete date of birth: _____

Parent Name: _____

Parent Signature: _____

Parent phone #: _____