



### **Registration and Permission**

PLEASE PRINT CLEARLY.

Child's Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact: Name/Phone: \_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_ Community: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Clothing Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Can we take pictures of your child while he/she is playing and learning hockey and football to be used in reports on the program? Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENTS/GUARDIANS please read the following information and sign this form.**

The safety of your child is the most important part of **FHL**. The coaches working with the children are all very experienced in coaching these sports and great care will be taken so that injuries do not happen. However, participation by your child is voluntary and **FHL** (which includes the coaches, other volunteers and facilities) is not responsible and cannot be held liable for any injury or loss/damage to personnel property of your child while he/she is in the program. You agree that your child is allowed to participate in this program, and you agree that any hockey or football equipment loaned to the participant must be returned on at the end of the program.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ***FHL - Health Information***

**PLEASE PRINT CLEARLY**

**Athlete's Name:** \_\_\_\_\_

**Alberta Health Care Number:** \_\_\_\_\_

### **Medical Information:**

The more information you can provide the better we can meet the need of the athlete. This information will be used by the coaches/personnel of the FHL. If there is additional information of a highly sensitive nature, please feel free to provide a separate letter marked "confidential" to the attention of the program organizers.

**Does the athlete have a disability? If yes, what type of disability does he/she have?  
And what activities should he/she not participate in because of the disability?**

**Is the athlete on any medication? If yes, what medications is he/she on?**

**Please list any allergy the athlete may have and reaction to it:**

**Other health issues (please check any that are applicable to the athlete):**

\_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Convulsions

\_\_\_\_\_ Hypertension \_\_\_\_\_ Emotional \_\_\_\_\_ Behavioural \_\_\_\_\_ Heart condition

\_\_\_\_\_ Other – Please Specify \_\_\_\_\_