



# Blackburn Minor Hockey Association

## Medical/Liability Release Certificate

Player's Name \* \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
e-mail \_\_\_\_\_ Telephone \_\_\_\_\_

### Legal Release:

I, the undersigned parent/guardian, hereby grant my consent to have the above-named child participate in the playing of hockey under the BMHA, GHA, ODMHA, CHA and/or its branches, divisions and its Constitutions, By-Laws, Duties, Rules and Regulations.

I agree that the BMHA, affiliated associations/organizations, etc, the executive, the Board of Directors, and/or the team officials are not to be held responsible for any loss of equipment, or injuries that may result in the performance of his or her participation.

I give permission to any member of the BMHA, affiliated associations/organizations, etc the executive Board of Directors and/or team officials to take my above-named child, or ward to a nearby Doctor, clinic, or hospital in the event of injury, and I do by these presents give permission, and/or authorization to the Doctor, clinic, or hospital medical/nursing staff to examine, treat, and carry out all necessary tests and treatment that may be required.

Signed this \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Emergency Contact Information - In the event of my absence, please contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

**COMPLETE REVERSE SIDE**

\* One of these forms should be completed for each participant

Please indicate N/A (not applicable) for each of the following statements that does not apply to your child.

The following important **CONFIDENTIAL** information regarding my child, or ward is to be noted.

1) He/She is allergic to the following drugs (please PRINT):

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2) He/She is taking medication for \_\_\_\_\_ (condition), and is taking the following medication(s):

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3) If your child is either diabetic, or epileptic, please provide details:

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4) Other pertinent medical information:

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**Note:** NO player shall be permitted on the ice surface of any BMHA practice or game until this form has been signed.