



**PLEASE RETURN THIS FORM
TO HEAD OFFICE
DO NOT TAKE TO ARENA**

HEAD OFFICE:
264 Van Allen Gate
MILTON, ON L9T 5Y8
FAX: 905-693-0158
EMAIL: info@rickheinz.com

CONFIDENTIAL HEALTH REPORT

This report, containing parents' and or doctor's signatures must be completed before participating in Rick Heinz Hockey & Goalie Schools. We cannot accept a student's registration if he/she is not able to participate in the full program. The course includes a schedule of very rigorous athletic activities. If, following the submission of this medical form, an injury or illness is incurred which will prevent full participation in the program, the student must contact Rick Heinz Hockey & Goalie Schools immediately. The Director cannot accept a registration if the student arrives medically unfit to participate in full program activities.

PLEASE PRINT

STUDENT NAME _____ SCHOOL LOCATION _____

STUDENT ADDRESS _____ ORDER # _____

_____ PHONE NUMBER _____

WEIGHT _____ HEIGHT _____ AGE _____ DATE OF BIRTH _____

ONTARIO RESIDENTS ONLY

HEALTH CARD # _____

NON-ONTARIO RESIDENTS: PLEASE FILL IN APPLICABLE INFORMATION ONLY

FULL NAME OF HEALTH INSURANCE COMPANY: _____

INSURANCE PLAN _____ CODE/POLICY # _____

NAME OF INSURED PERSON _____ RELATIONSHIP TO STUDENT _____

HOME ADDRESS _____

TO BE COMPLETED BY THE PARENT/GUARDIAN OR FAMILY DOCTOR

(NOTE: This section to be signed by Doctor ONLY if there is serious medical problems)

1. Has this student ever suffered from any of the following: Please enter a YES or NO

Appendicitis _____ Asthma _____ Epilepsy _____ Heart Disorder _____ Sinus _____

Allergies (specify) _____

Prescribed Medication(s) _____

2. Has this student ever experienced serious muscle/bone difficulties: Please enter a YES or NO

Ankles _____ Knees _____ Other _____

3. This student has the following illness which will in no way restrict his/her full participation in all athletic activities offered:

Diagnosis _____

Recommendations _____

4. It has been recommended that a tetanus booster should be administered at the time of the physical examination if the student's booster is not up to date.

Date of injection _____ Any previous reaction _____

I believe, to the best of my knowledge, the above-named student to be in good health, (suffering from no illness and able to participate in all types of hockey related training, which demands physical exertion and stamina), and has not been exposed to any infectious disease. It is understood that, except for first-aid treatment, Rick Heinz Hockey & Goalie Schools will accept no responsibility for accident or illness incurred by the student during the program. I hereby give my approval for emergency medical treatment, if required.

Signature of Parent/Guardian or Family Doctor (only for serious illnesses)

Date Signed



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BEHAVIOUR AGREEMENT

I hereby agree to comply with all written and verbal regulations and rules enforced by the staff or Their immediate representatives. I acknowledge that failure to comply could result in removal from the course and/or immediate expulsion from the activity, course and program, without any program refund or credit.

It is understood that irresponsible behaviour will not be tolerated, especially in connection with alcohol, tobacco and any other non-medical drugs.

Any doubts I have about the rules and/or their application will be brought to the attention of the staff person responsible.

Any charges incurred as the result of non-compliance of Rick Heinz Hockey & Goalie Schools rules will be borne by the individual (e.g. travel fare, damage charges, fines, etc.).

Students driving to school must check their keys with the Camp Administrator upon registering.

Parents will be called to pick up their children should they violate camp rules.

Student Name (Please Print) Telephone # where parents can be reached

School Location Order #

Signature of Student Date

Parent/Guardian Name (Please Print) Date

Signature of parent or guardian