



AUTHORIZATION FORM

This form must be completed, signed and turned into your Lacrosse, Baseball or Hockey Associations. Players will not be allowed to begin the clinic without completing this form.

NAME OF PLAYER: _____

HI-TEK SPORTS CLINIC LOCATION: _____ **CAMP DATES:** _____, 2017/18

NAME OF PARENT OR LEGAL GUARDIAN (please print):

First	Last	Cell Number
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MEDICAL INFORMATION (please print):

Birth date	Allergies	Epi Pen Yes or No	Medications
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ALBERTA HEALTH CARE (please print):

During my (our) absence during the clinic from _____ to _____ (clinic dates) we appoint Hi-Tek Sports Personnel and the Local Sporting Association to consent (each individually) for all medical or surgical treatment or other medical procedures the child named above (including, but not limited to, emergency services, administration of anaesthesia, blood transfusions, diagnostic tests, etc.) that may be required during such absence.

Participant Waiver: I agree that I shall provide health insurance to cover any personal injury and property damage incurred while participating in this Hi-Tek Sports Clinic. Certain risks are inherent during the participation of any sport training program. Hi-Tek Sports will not be liable for lost or stolen items during the duration of the clinic. I, the undersigned for myself, my heirs and assigns, do hereby release Hi-Tek Sports Group, employees, instructors, counsellors and agents from any and all costs, claims or demands which we shall or make hereafter have, suffer or receive by reason of such participation in this sporting program.

Signature of Parent or Legal Guardian **Date**

ELECTRONIC COMMUNICATION:

In order for Hi-Tek Sports to keep you up-to-date on the latest clinic news and events please provide your consent below. We want to keep you informed about relevant clinic news, information items and updates, events, activities, services an announcement, through email or other electronic communications which may contain clinic schedules, costs and locations. If you wish to continue receiving the above communication from us, please complete the form below:

Name: _____

Email: _____

- Yes, I want to Opt-in to receive electronic communication from Hi-Tek Sports.
- I do not want to receive electronic communication from Hi-Tek Sports.

Hi-Tek Sports Group is insured by iPlayHockey.ca for all hockey related clinics



