



Sunderland Ringette Association

Player Medical Information and Waiver Form

Player's Full Name: _____

OHIP No. (with letters): _____

Date of Birth (dd/mm/yyyy): _____ Age: _____

Address: _____ Province: _____

City/Town: _____ Postal Code: _____

Family Doctor's Name: _____

Emergency Contact Information (parent or legal guardian):

Primary Contact: _____ Cell #: _____

Relation to Player: _____ Phone #: _____

Secondary Contact: _____ Cell #: _____

Relation to Player: _____ Phone #: _____

Emergency Contact (if a parent(s)/guardian(s) cannot be reached):

Name: _____ Cell #: _____

Relation to Player: _____

Does your player wear contact lenses? Yes No

If yes, please provide Trainer with an extra set of lenses.

Allergies (medications, foods, topical substances): _____

Medical Conditions (epilepsy, asthma, diabetes, etc.): _____

Previous Injuries/Operations and Dates (concussions, knee sprains, neck injuries):

Please circle the appropriate response and provide details if you answer "Yes" to any of the questions below.

Yes	No	Previous History of Concussions
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Yes	No	Fainting episodes during exercise
Yes	No	Epileptic
Yes	No	Wears Glasses or Contact Lens
Yes	No	Are glasses lenses shatterproof?
Yes	No	Hearing problem
Yes	No	Asthma
Yes	No	Trouble breathing during exercise
Yes	No	Heart Condition
Yes	No	Diabetic – Type 1 Type 2
Yes	No	Medication
Yes	No	Wears a medical information bracelet or necklace For what purpose?
Yes	No	Has any health problem(s) that would interfere with participation on a Ringette Team?

In consideration of the acceptance of my player's registration with the Sunderland Ringette Association and all of its related activities, I hereby acknowledge that participation carries with it inherent risks (potential hazard). I therefore release the "organizer", its events committee, their officers, directors, members, volunteers, employees, sponsors, of any liability result from injury or death during the event and its related activities. I hereby indemnify and hold harmless and release each of them against any such claims that I, my guests, or anyone or more of my or their executors, administrators, heirs, next of kin, successors, or assigns may have or assert and against any costs including attorney's fees with respect thereto.

Signature of Parent/Guardian of Player

Date

Name of Parent/Guardian of Player

Witness Name & Signature