

**MEDICAL CONSENT FORM & PARTICIPANT WAIVER  
AUTHORIZATION BY PARENTS FOR ANOTHER TO CONSENT TO  
HOSPITALIZATION,  
SURGERY OR MEDICAL TREATMENT OF A MINOR CHILD**

All blanks must be filled out. All blanks not applicable should be indicated N/A (not applicable)

**This form must be completed, signed and turned into a Skate Faster Staff Member on Day 1.**

**Students will not be allowed to begin Camp without completing this form.**

**\* More than one sibling may be listed per form. Thank you, Skate Faster**

**Names of Parents or Legal Guardian (please print):**

\_\_\_\_\_

First Last Relationship First Last Relationship

\_\_\_\_\_

Address Phone number Address Phone number

\_\_\_\_\_

City Postal Code E-mail

**Names of Child and Medical Information (please print):**

\_\_\_\_\_

First Last Birthdate

\_\_\_\_\_

Allergies/Medical Concerns Medications

**Health Insurance (please print):**

\_\_\_\_\_

Insurance Carrier Policy Number  
(Camp Dates)

During my (our) absence during Camp from \_\_\_\_\_ to \_\_\_\_\_ we appoint Skate Faster personnel to consent (each individually) for all

Medical or surgical treatment or other medical procedures to the child named above (including, but not limited to,

emergency services, administration of anesthesia,

Blood transfusions, diagnostic tests, etc.) That may be required during such absence.

Without in any manner limiting the foregoing appointment and authorization, if circumstances permit, we would like to have the following physician consulted in

Connection with such medical or surgical treatment or medical procedures:

\_\_\_\_\_

Name of Physician Telephone Number

This appointment and authorization shall include and extend to all matters for which consent is required under the policies of any hospital or medical treatment

Facility. In consideration of the services that are rendered to the child named above, pursuant hereto, I (we) agree to pay for all such services. This appointment and

Authorization shall be effective until \_\_\_\_\_, 20\_\_\_\_, unless sooner revoked by me (us).

Any hospital or medical facility, its officers and personnel, and any physician providing medical or surgical services to the child named above may rely upon the

Consent given by the above-named appointee(s) (or either of them) with the same force and effect as if personally given by me (us).

**Participant Waiver:** Skate Faster. Will not assume responsibility for any injury incurred while participating in this Skate Faster Hockey Skills Camp, Power Skating both on the

Ice and during off ice activities. Certain risks are inherent during the participation of a hockey camp and hockey training.

Nor will Skate Faster Hockey be liable for lost

Or stolen items during the duration of camp. I, the undersigned for myself, my heirs and assigns, do hereby release Skate Faster., employees, instructors,

Counselors and agents from any and all claims for injury, death, loss or damage I may suffer as a result of my/my child's participation in this Skate Faster Skills

Training Program.

\_\_\_\_\_

Signature of Parent or Legal Guardian Date

\_\_\_\_\_

Signature of Parent or Legal Guardian Date