

Youth Hockey Tryout Medical Release

Participant Information

Participant Name

Date of Birth

Address

Parent/Guardian Name

Phone Number

Email

Emergency Contact Information

Emergency Contact Name

Relationship

Emergency Contact Phone

Medical Information

Allergies (if any)

Medical Conditions / Medications

Physician Name

Physician Phone

Insurance Carrier

Policy Number

Medical Release Authorization

I hereby authorize the staff of the Youth Hockey Tryouts to act according to their best judgment in any emergency requiring medical attention, and I hereby waive and release them from any and all liability for injuries or illness incurred at the tryouts.

Parent/Guardian Signature

Date