

SPORTS PARTICIPATION AGREEMENT CONNECTICUT HOCKEY, LLC

MEMBER INFORMATION

1. NAME _____
2. DATE OF BIRTH _____
3. HOME # _____
4. CELL # _____
5. EMAIL _____

EMERGENCY INFORMATION

6. LIST TWO EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____

7. PRESENTLY UNDER THE FOLLOWING MEDICAL TREATMENT OR MEDICATION

8. PRESENTLY ALLERGIC TO THE FOLLOWING MEDICATION

9. PRESENTLY WEAR GLASSES _____ CONTACT LENSES _____

10. DESCRIBE ANY OTHER PHYSICAL LIMITATION OR PROBLEM THAT SHOULD BE KNOWN BY THE LEAGUE OR EMERGENCY MEDICAL PERSONNEL (e.g. HEARING PROBLEMS, HEMOPHILIA, DIABETES, ETC)

MEDICAL TREATMENT CONSENT FOR:

MEMBER NAME _____

I HEREBY AUTHORIZE THE PHYSICIAN(S) FOR CONNECTICUT HOCKEY, LLC AND/OR THEIR CONSULTING PHYSICIANS, TO ADMINISTER EMERGENCY CARE TO THE ABOVE NAMED ATHLETE, TO RENDER ANY TREATMENT OR MEDICAL OR SURGICAL CARE THAT THEY DEEM NECESSARY TO PROTECT HIS OR HER HEALTH AND WELL BEING, AND TO ARRANGE FOR CONSULTATION BY MEDICAL SPECIALISTS, INCLUDING SURGEONS, WHICH THEY DEEM NECESSARY TO INSURE THE PROPER CARE AND TREATMENT OF ANY INJURY.

In the absence of Connecticut Hockey, LLC, physicians, I hereby grant permission to any qualified physician to furnish emergency medical care and treatment under the guidelines specified above.

I also hereby authorize hospitalization at an accredited hospital if deemed reasonably necessary to provide the proper care for and treatment of any injury sustained by the above named athlete.

I also hereby grant permission for qualified athletic trainers to render any preventative medical treatment, first aid, emergency medical care, or rehabilitative medical treatment deemed reasonably necessary to protect the health and well-being of the above named athlete.

Hospital Preference _____

Doctor _____

Signature of Member _____ Date _____

I hereby understand that any and all injuries or illnesses due to my participation in events sponsored by Connecticut Hockey, LLC, that require medical attention or paramedic care will be covered by my own medical insurance. My personal insurance is to be the primary insurance.

Medical Insurance Company / Policy # _____

If I do not possess my own medical insurance, I understand that any expenses due to injury or illness during any Connecticut Hockey, LLC event, will be my own responsibility.

MEMBER SIGNATURE _____ DATE _____