



MEDICAL RELEASE

PRO PERFORMANCE HOCKEY, LLC.
 6789 QUAIL HILL PARKWAY #543, IRVINE, CA 92603
 714.889.9192

Note: A parent or guardian responsible for the applicant must agree to sign a release prior to the player's participation in any of the sessions. This form is mandatory for admittance to the camp.

PLAYER INFORMATION Please complete thoroughly and print neatly.

FIRST NAME	LAST NAME	DOB - -	HOME PHONE
DOCTOR	DOCTOR PHONE	MEDICAL INSURANCE GROUP AND NUMBER	

Does the player have any condition that coaching staff should be aware of that would affect the player's participation?

I certify that my child (player) is in good physical and mental condition to participate in this camp. In the event you cannot be reached and your child requires emergency assistance, this authorizes immediate medical help should it be necessary.

The player can participate in all drills and all activities of PRO PERFORMANCE HOCKEY, LLC. I hereby release PRO PERFORMANCE HOCKEY, LLC. and its coaches and staff of any accidental injury during the camp.

I acknowledge that I have read and understand the medical release form.

Participant Name (Please print)		
<u>Parent / Guardian Name</u>	<u>Signature</u>	<u>Date</u>