



hockey

OTB Hockey Camps Medical Form

Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Emergency Contact: _____

Relationship: _____

Emergency Phone #: _____

Medical Information

Do you currently have or have you ever had any of the following?

Heart Murmurs Yes / No

Fractures Yes / No

Diabetes Yes / No

Allergies Yes / No

Surgery Yes / No

Insect Stings Yes / No

Heat Exhaustion Yes / No

Epilepsy Yes / No

Medications Yes / No

Sprains Yes / No

Asthma Yes / No

Inhalers Yes / No

If you answered yes to any of these, please explain below:

Have you ever sustained a head or spinal injury? Have you ever lost consciousness? If yes, please explain:

Vaccinations: (Please give dates of administration)

T/Booster: _____

Measles: _____

Mumps: _____

COVID: _____



I certify that I have reviewed the medical history and status of the person above, and certify that she has no medical problems that restrict her from participation in vigorous physical activity while at OTB Field Hockey Camp

Physicians Name: _____ Phone: _____

Physicians Signature: _____ Date: _____

*** A signed copy of a school physical containing this information that is dated no more than 1 year prior to the start of camp will also be accepted.*

Insurance Information

Policy Holder: _____ Date of Birth: _____

Relation to Camper: _____ Insurance Company: _____

Name of Group Employer: _____

Policy #: _____ Group #: _____ ID#: _____

Policy Holder Signature: _____ Date: _____

Medical Release

My son/daughter, _____ is enrolling in OTB Hockey Camp 2024. My child's physical condition in no way should limit or hinder participation in camp activities, other than noted above. During the time my child is at your camp, if any emergency arises involving the well-being of my child, I give you full permission and authority to take such steps as are reasonable and necessary, in your own judgment, to protect and assist my child, and I release you from all responsibility for such action. I agree that I will pay any hospital expenses, medical bills or any other expenses that may be incurred because of treatment given to my child for illness or injury, while attending your camp. I make this statement and commitment as consideration for your allowing my child to be enrolled in your camp and to take part in all activities. Finally, I and my successors, heirs, assigns, and executors agree to save and hold harmless OTB Hockey LLC., including their staff of coaches, managers, officers, and directors from any and all claims of loss or damage from any injury, illness, or other condition from any cause arising from my child's participation in OTB Hockey Camps.

Signature of Parent/Guardian: _____ Date: _____