

Northern Built Hockey Camps Waiver and Consent Form

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ (name of camper). I hereby give permission for the Camp staff to seek during the period of the Camp, appropriate medical attention for my child, for the medical attention to be given to my child, and for my child to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I, the undersigned, understand that **Hockey** (sport) is an active, physical sport and that injuries can often occur during participation at Camp. I also understand that there will be more campers than staff at the Camp, and that my child cannot receive individualized attention and individualized supervision at all times. I hereby acknowledge that my child is physically fit and mentally capable of participating in practices, games, and all camp activities.

I, the undersigned, hereby acknowledge and understand that "**Northern Built Hockey Camps**" is a privately run sports camp and is not operated by or through Somerset Ice Arena or Float-Rite Park. The Camp is neither sponsored, controlled, nor supervised by Somerset Ice Arena or Float-Rite Park, but rather is under the sole sponsorship, control and supervision of the Camp Directors, **Brock and Lizabeth Montpetit**. I waive, release, and forever discharge **Brock and Lizabeth Montpetit** (Camp Directors), "**Northern Built Hockey Camps**" Somerset Ice Arena, Float-Rite Park and the aforementioned staffs, officers, agents, employees, representatives, successors, and assigns from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in camp activities or while at Camp.

I give permission for the "**Northern Built Hockey Camps**" to take photographs of my child while engaged in Camp activities for the sole purpose of advertising and publicity, and I understand that my child's identity will remain anonymous in conjunction with any photograph used in marketing.

My signature below indicates that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp.

X _____
Parent/Guardian Signature **Date** **Printed Name**

X _____
Parent/Guardian Signature **Date** **Printed Name**

EMERGENCY CONTACT INFORMATION

Home Phone #: () _____ Contact Name: _____

Work Phone #: () _____ Contact Name: _____

Emergency Phone #: () _____ Contact Name: _____

Cell Phone #: () _____ Contact Name: _____

**Special instructions regarding the care of your child while at camp:*

INSURANCE INFORMATION

Insurance Company Name: _____ Policy #: _____ Group #: _____

Policy Holder's Name: _____

Relationship to Camper: _____

*Special instructions regarding Submission of
Insurance: _____

****PLEASE SEND MEDICAL AND CONSENT FORMS TO:**

**Northern Built Hockey Camps
P.O. Box 454 Somerset, WI 54025**