



HSC & Hockey Skills

3822 47 Ave. Camrose, Alberta, T4V 3W8 Phone: (780) 554-5674
Email: info@hscandhockeyskills.com

Member Information:

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Athlete Section:

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Medical Number: _____ Date of Birth: _____ (MM/DD/YYYY)

Level Played: _____

Hockey Association: _____

Allergies: _____

Past Injuries: _____

Health Concerns: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

*We will be taking a digital photograph of you to be stored on our membership/athlete database as part of your registration.

DISCLAIMER

The HSC & Hockey Skills Facility and their trainers, coaches, employees, volunteers, contractors, servants, or representatives (hereafter referred to as "The HSC Facility") are not responsible for any death, injury, loss or damage of any kind suffered by any person while using The HSC Facility and equipment or while participating in any program at The HSC Facility.



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Assumption of Risk:

The HSC Facility strives to provide awareness of risks associated with each program/activity it offers. It should be understood that there are risks associated with participation in our programs/activities and that there are risks/dangers which are inherent to each specific activity. These risks include, but are not limited to, the loss of personal property, the possibility of personal injury and physical injury such as muscle strains, broken bones, concussions, soft tissue damage, infectious diseases, or cardiac arrest including the possible risk of severe or fatal injury.

It is each individual's responsibility to ascertain whether he/she has any health conditions which make it inadvisable to participate in that activity. We strongly recommend an annual physical exam prior to the start of any program or activity and that additional information is sought at any time a person's health status changes. Such actions are designed to ensure that participation is within one's health status/limitations. It should also be understood that the individual is responsible for any medical treatment costs which may occur as a result of participation.

I agree that The HSC Facility, and/or its proprietors will not be held responsible for any accidents, injuries, illness or loss, however caused, and agree to release the proprietors from all claims or damages which may arise as a result of/or by reason of such accidents or loss. HSC and Hockey Skills reserves the right to use any pictures taken during the school for advertising and/or instructional purposes.

Athlete/Member Name: _____

Athlete/Member Signature: _____

Date: _____

Parent/Legal Guardian Signature (if athlete/member is under the age of 18)

I acknowledge that I have read the above agreement and that I understand, appreciate and accept all possible risks associated with the participated program, use of The HSC Facility and all related activities and that I have executed this agreement voluntarily. I acknowledge that by signing this agreement, I consent for my child's participation in the above noted program and all related activities.

Printed Name: _____ Signature: _____

Date: _____



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PHOTOGRAPHY/MEDIA CONSENT AND RELEASE FORM

This form must be filled out for anyone who has their picture taken or likeness recorded for the purpose of Skills Canada Alberta Regional or Provincial competitions.

First Name:	Last Name:
Phone Number:	Email Address
Address of Individual:	

Consent to Photography

I HEREBY GRANT and give the HSC & Hockey Skills permission to take photos or videos (digital or otherwise) of myself and to reproduce the likeness of myself for promotional and fundraising materials, educational materials, publications, websites, and other consistent purposes. Editing, publication, distribution, broadcast and use of this material shall be at the so

Consent to Disclose Identity

Individual's identity, as listed above, MAY MAY NOT be included in the resources listed below as developed and published in print, electronic, or digital format, including any authorized HSC & Hockey Skills website or social media platforms, such as hscandhockeyskills.com. Consent takes effect when this agreement is signed. In addition, I waive any right to inspect or approve the finished product wherein my likeness or my testimony appears. I agree that I will make no monetary or other claim against HSC & Hockey Skills for the use of my name, photograph, brief biographical information and testimonial. I have read, understand and agree to the above.

First Name, Last Name, and School/ Team First Name and School/Team only First Name Only

Signature of Individual (if over age of 18)

Date

Signature of Guardian (if under age of 18)

Date

This form will be placed on file in the coordinating office and retained in accordance with approved records retention schedules. Also note that consents may be revoked at any time by so indicating, in writing, to HSC & Hockey Skills.