

# Dartmouth Hockey Camps HEALTH & RELEASE FORM

Camper Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Current Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Address \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Parent/Guardian 2 Name \_\_\_\_\_

Parent/Guardian 1 E-mail \_\_\_\_\_ Parent/Guardian 2 E-mail \_\_\_\_\_

Parent/Guardian 1 Cell phone \_\_\_\_\_ Parent/Guardian 2 Cell phone \_\_\_\_\_

Name of person to be notified in an emergency if parents/guardians are not available

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## Camper's Specific Medical Information: PLEASE PRINT CLEARLY

Does the Camper HAVE or EVER HAD any of the following:

Condition	YES	NO
COVID-19		
Asthma		
Cardiac Evaluation		
Pneumonia		
Seizure Disorder		

Condition	YES	NO
Measles		
German Measles		
Mumps		
Chicken Pox		
Diabetes		

Condition	YES	NO
High Blood Pressure		
Heat Problems		
Hospitalization		
Anemia		
Loss of Paired Organ		

Please give details to any "YES" answers above \_\_\_\_\_

Immunizations Dates must be recorded on this form. A photocopy of camper's immunization records is acceptable but blank boxes or blanket statements such as "up to date" are not acceptable. Any medical exemptions must have accompanying documentation from the primary care provider for such. Per New Hampshire state guidelines, this information MUST be on file prior to participating in any camp activities.

Immunizations: TYPE	DATE(S)
Measles, Mumps, Rubella (MMR) : Separately or Combined	
Varicella (VAR) : Chicken Pox	
Tetanus, Diptheria, and acellular pertussis (DTaP, DT, DTP, Tdap, Td)	
Poliovirus – inactivated (IPV)	
Hepatitis B (HepB)	
COVID-19 (not required) : note manufacturer and date(s)	

Please list any current or pre-existing injuries, medical or psychological conditions, etc. that require medication, treatment, or special restrictions or considerations while at Dartmouth Hockey Camps: \_\_\_\_\_

Allergies (Known AND Suspected) \_\_\_\_\_

Medications (including Over-the-Counter medications) \_\_\_\_\_

Medication Dosing/Frequency schedule \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Preferred hospital (if applicable) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Policy Holder Date of Birth \_\_\_\_\_

I hereby certify that the above named camper is in good health and fully able to participate in all activities of the Dartmouth Hockey Camps and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program: I certify this

statement to be true based on a documented physical examination completed by a Physician, Advanced Registered Nurse Practitioner, or a Physician's Assistant within the last 2 years. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the sole insurance coverage for any medical treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Medical Treatment: Permission/Consent and Responsibility Agreement**

I, \_\_\_\_\_ the parent (guardian) of \_\_\_\_\_, give permission and consent for the named camper to be treated for all medical concerns by a Licensed Athletic Trainer employed by Dartmouth Hockey Camps while attending the camp. I also give permission and consent for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that good faith attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the sole insurance coverage for any medical treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**WAIVER OF LIABILITY**

**ACKNOWLEDGEMENT AND ASSUMPTION OF ALL RISK**

**RELEASE OF ALL CLAIMS**

By signing this Waiver, you hereby (for yourself, your minor child(ren), and for your personal representatives, agents, family members, significant others and assigns (for which you have the legal authority and authorization to do so)) expressly (a) release, discharge and hold harmless Reid Cashman Camps, LLC / Dartmouth Hockey Camps of and from any and all liabilities, claims, actions, damages, costs or expenses of any kind (contingent or real) arising out of or relating to injury/illness in anyway (directly or indirectly) related to Dartmouth Hockey Camps or your child's presence at the Facility, and (b) covenant not to sue and agree not to pursue any claim of any nature whatsoever against Reid Cashman Camps, LLC / Dartmouth Hockey Camps under general laws or equity, the judicial system, through governmental or regulatory channels, quasi-governmental authorities or otherwise, if you, your minor child(ren), your personal representatives, agents, family members or significant others (if and as applicable), experience

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date