

CONSENT TO TREATMENT AND WAIVER OF LIABILITY

In partial consideration of our child's acceptance into the Flyers Ice Hockey School, I/we as parents and/or legal guardians of _____ do hereby agree to limit the liability of the Flyers Ice Hockey School, Comcast Spectacor, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Flyers Ice Hockey School as explained in this brochure, which we have read and understand. I/ we further agree to waive all liability of the Flyers Ice Hockey School, Comcast Spectacor, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the abovenamed camper while traveling to or from, during his attendance at the Flyers Ice Hockey School, which is not covered by said medical insurance policy. Further, I/we hereby grant permission to the staff and physicians of the Flyers Ice Hockey School, any medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible efforts will be made to inform me/us in case of such treatment.

Parent or Legal Guardian Name (printed)

Signature

Phone (day) (evening)

Phone (emergency)

Insurance Company

Address

Policy #:

ATTENDEES HEALTH INFORMATION

(To be completed by camper's parents or legal guardian)

Allergies (list) _____

Chronic or recurring illnesses

Physical restrictions

Special healthcare needs

Physician name and phone number

PARENT AUTHORIZATION/RELEASE OF INFORMATION

This health history is correct to the best of my knowledge and my child has my permission to participate in camp activities with the exception of those noted above.

I authorize Flyers Hockey School to release medical information regarding the above-named participant to interested parties including parents and family physician.

Parent or Legal Guardian

Date