

VP HOCKEY **EMERGENCY INFORMATION/** **MEDICAL CONSENT/INSURANCE**

Contact Information

Last Name: _____ First Name: _____

Home Phone: _____ DOB: __/__/__ Age: _____

Home Address: _____

Mother's Name: _____

Home Ph.#: _____ Work Ph.# _____

Address if Different: _____

Father's Name: _____

Home Ph.#: _____ Work Ph.# _____

Address if Different: _____

Medical Insurance

Insurance Co. Name: _____ Policy/Group#: _____

Name of Primary Insured: _____ SSN#: _____

Relationship To Player: _____

Employer Name/Address: _____

Agreement To Provide Insurance/Pay Medical Costs

The Undersigned expressly agree and acknowledge that neither VP Hockey, Inc., Villa Park High School nor the Orange Unified School District provide accident or medical insurance covering injuries of any nature incurred while participating in any VP Hockey activities, including but not limited to games, practices, or transportation thereto. The Undersigned hereby certify that the player/participant listed above is covered by a policy of accident/health insurance, and agree to be solely responsible for all costs, fees and expenses incurred for medical treatment in the event of any injury or accident, regardless of whether any medical insurance is in force or would cover such expenses.

Parent/Guardian Signature

Date

Health Questionnaire

1. Do you have any medical condition or injury that will limit or affect your ability to participate in competitive roller hockey?
IF YES - PLEASE DESCRIBE:
2. Are you currently under a doctor's care for any illness or medical condition?
IF YES - PLEASE DESCRIBE:
3. Are you currently taking any prescription or other medication?
IF YES - PLEASE DESCRIBE:
4. Do you suffer from any allergies or chronic medical conditions/injuries?
IF YES - PLEASE DESCRIBE:

The Undersigned hereby certify and warrant that the foregoing information is true and correct, and that except as noted above, the player/participant is in good physical health and has no medical, physical or emotional health condition that may affect his/her participation in VP Hockey activities or that may create a greater risk of injury or illness.

Parent/Guardian Signature

Date

Player Signature

Date

Consent To Treat

In the event of an emergency, the Undersigned hereby expressly consent to and authorize VP Hockey, Inc., its members, directors, officers and agents, as well as any adult volunteer working with or on behalf of VP Hockey, Inc. ("**VP Hockey**") to obtain whatever medical treatment may be reasonably needed for the welfare of the player/participant listed above. The Undersigned hereby agree that VP Hockey assumes no responsibility for any injury or damage which might arise out of or in connection with such treatment, and unconditionally release and indemnify VP Hockey from any liability in this regard. The Undersigned further agree and acknowledge that they will be financially responsible for all fees and charges incurred in the rendering of said emergency treatment, regardless of whether covered by any medical insurance.

Parent/Guardian Signature

Date

Player Signature

Date