



# NAHL FUTURE PROSPECTS COMBINE



PRESENTED BY  
NORTH AMERICAN HOCKEY LEAGUE



Please fill out this form **COMPLETELY**. It is important for the provision of proper medical care. The section marked "Physician's Comments" need only be completed **if the participant has a major health problem**. When older participants are seen for minor illnesses or injuries, they are encouraged to inform their parents themselves. However, with younger participants, in most every instance, or with older participants with more serious problems, the physician will try to contact the parents to inform them of the problem and discuss the treatment. Occasionally, we are unable to reach parents immediately to inform them of a serious problem. The parent's signature on the medical treatment authorization allows us to go ahead with treatment in these circumstances. The local hospital, or a member of the tournament's staff will continue to call until contact is made with the parent or guardian.

## MEDICAL HISTORY (Please print)

### I. PERSONAL INFORMATION

Name: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
No. Street City State Zip Code

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ ( ) ( )  
(Name of parent or next of kin) (Relationship) Home Cell

In case of emergency notify: \_\_\_\_\_ ( ) ( )  
(Name of parent or next of kin) (Relationship) Home Cell

Family Physician: \_\_\_\_\_ ( )  
Name Street City State Phone

### II. FAMILY / PERSONAL HISTORY (What do we need to be aware of about your player - Allergies - Asthma - Epilepsy - Heart Condition - Bleeding Disorder - Kidney - Disease - Head Injuries - Fractures - Surgery - Hospitalization - Medication - Other - Please be specific)

Please list any medications being taken and include dose and frequency:

### III. INSURANCE INFORMATION Participant **must** be covered by a health insurance policy.

#### Primary Medical Insurance

Company Name: \_\_\_\_\_ Med. Ins. Group #: \_\_\_\_\_  
Company Address: \_\_\_\_\_ Name of person insured: \_\_\_\_\_  
DOB of insured: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Ins. Company phone: ( ) \_\_\_\_\_ SS# of insured: \_\_\_\_\_  
Med. Ins. Policy Number: \_\_\_\_\_ Employer of insured: \_\_\_\_\_

### IV. MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

I, the undersigned acknowledge that I am the parent or guardian of \_\_\_\_\_, and do hereby grant my permission for my hockey player to attend a North American Hockey League (NAHL) Future Prospects Combine (FPC) event, and to actively and fully participate in all activities thereof. In the event of an injury or illness during these activities, my signature indicates that I agree to allow medical treatment even if I cannot be contacted, and authorize NAHL Future Prospects Combine and/or the local hospital to provide the needed medical treatment they deem necessary. I hereby release North American Hockey League and the NAHL Future Prospects Combine event, all members of the program's staff, the host ice facility and it's staff, the local hospital and their agents, employees, and representatives, and all officers of North American Hockey League and the NAHL Future Prospects Combine from any and all claims and liability arising in any way out of its exercise of this authority.

I further acknowledge, understand, and agree that in participating in this activity there is a possibility of physical illness or injury and that I, as parent or guardian of my hockey player, am assuming the risk of such injury by his/her participation and release North American Hockey League and the NAHL Future Prospects Combine, the program's staff, the Host Ice Rink and it's staff, and all affiliated with or participating in the NAHL Future Prospects Combine event from all liability, claims, obligations or responsibility for personal property losses, accidents or injuries of any kind. I understand the inherent risks of the training process for being a hockey player and recognize that the NAHL Future Prospects Combine event is strenuous. I have received a copy of the schedule and understand the activities. I understand that full, legal equipment is to be worn properly at all times on ice or on the bench. I further authorize the program staff to administer non-prescription analgesics for minor medical problems such as headaches, etc. unless I have requested otherwise.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent / Guardian signature Hockey player's signature Date