

# Rings A'Fire Ringette School 2019 Medical/Waiver Form

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ or \_\_\_\_\_ (optional)

Alternate Emergency Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Participant Care Card / Medical Number: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Please complete the following:**

I, \_\_\_\_\_ (parent / legal guardian) of \_\_\_\_\_ (applicant's name) agree that the instructors of the Rings A'Fire Ringette Schools, will not be held responsible for any accidents or loss, however caused. I also agree to release the instructors of the Rings A'Fire Ringette School from all claims which may arise as a result of/or by reason of such accident or loss. I am aware that the above named applicant is taking part in all ringette sessions at his/her own risk and is in good health with no medical concerns unless otherwise indicated in writing, and we further agree to be responsible for all medical and dental claims and/or insurance not covered.

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

\_\_\_\_\_  
Date

The Rings A'Fire Ringette Schools request your permission to use ringette-specific photographic images of your child to be shown on our website as promotion for future programs. Please indicate below if you grant such permission.

- Yes, I grant permission for ringette-specific images of my child to be shown on the Rings A'Fire Ringette School website.  
 No, I do not grant permission for ringette-specific images of my child to be shown on the Rings A'Fire Ringette School website.