

KAPOW HOCKEY KLUB MEDICAL RELEASE FORM

Please print and complete this form. Either mail to the address below or submit at the first Klub practice. This form and the Medical Release Form must be fully completed and signed by a parent or guardian before participation in the Klub is permitted.

I hereby give permission for any and all medical attention necessary to be administered to my child (name) _____ in the event of accident, injury, sickness, etc., under the direction of either of the person(s) designated below, until such time as I may be contacted. If neither of the person(s) designated below can be contacted, I give permission for treatment of my child as may be required subsequent to a determination made by the appropriate health care professional who is present. This release is effective until revoked, in writing, by me. I also hereby assume responsibility for payment of such treatment.

Name (Guardian): _____ Phone (Home): _____

Phone (Work): _____ Phone (Cell): _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance company: _____

Insurance policy number: _____

In case I cannot be reached, either of the following is designated:

Coach: _____ Phone: _____

Physician: _____ Phone: _____

Physician's address: _____

Known allergies of child: _____

Signature (guardian): _____

Guardian's name (print): _____

Date: _____

**KaPow Hockey Klub
Attn: Lauren Powley
5 Pine Tree Road
Mountaintop, PA 18707**