



Northern First Nations Hockey

18 Montello Place
Sioux Lookout, ON P8T 1L1
Cell (807) 737-9796
Fax (807) 737-1208

Parent/Player Consent & Waiver Form

Date: _____

Player's Name: _____

Team Name: _____

Health Card #: _____

Status Card #: _____

Emergency Contact #: _____

Medical Conditions:

By signing this form, it is agreed that the Organizing/Coordinating Committee, volunteers, and referees of 2011 Northern First Nations Hockey Tournament are released from any and all claims from damages that may arise from any accident or injury caused by, or arise from participation of the undersigned hereon during the 2011 Northern First Nation Hockey Tournament.

Participant's Name (Print)Participant's Signature

Note: To be completed if the participant is fifteen (15), sixteen (16) or seventeen (17) years old. By signing this form, I/we consent our child's participation in 2011 Northern First Nations Hockey Tournament.

Parents'/Legal Guardians' Name (Print)Parents'/Legal Guardians' Signature