



# Northern First Nations Hockey

97 First Avenue  
Sioux Lookout, ON P8T 1G3  
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 2010 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 2010 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 2010 Northern First Nations Hockey Tournament.

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