



Event: _____

Team Name (if applicable): _____

Waiver/Release and Medical Information
Yellow Hat Hockey Clinic/Camp at Saint Joseph's University

Camper Name: _____

DOB: _____

Release of Liability: By placing my initials here, I authorize enrollment and submit that my child is physically fit to participate in strenuous athletic activity and waive the Yellow Hat Hockey clinic at Saint Joseph's University, its director, staff, or employees from and against any injury, recurrence of any undisclosed pre-existing injury or illness prior to the first day of the session, and all liabilities or causes of action arising out of or in conjunction with my child's participation in this clinic.

Please initial _____.

Photographic Release: By placing my initials, I hereby authorize the Yellow Hat Hockey clinic at Saint Joseph's University to take photographs for websites and/or brochures. I hereby waive any rights that I may have to inspect and/or approve the finished product that may be used or the specific use to which it may be applied.

Please initial _____.

Emergency information

Person to contact: _____

Telephone #: _____

Relation to Camper: _____

Medical conditions/Medications: _____

Comments:

I give my consent and approval to Yellow Hat LLC at Saint Joseph's University, its director, staff, or employees to act on my behalf in obtaining emergency medical attention for the above camper from a licensed hospital or physician.

Parent's Signature: _____

Date: _____

Insurance Company: _____

Policy Number: _____