



Appointment of Agent & Consent for Medical Care

I hereby appoint Collins Hockey Camps, their officials, and/or, _____
_____, of lawful age, as my
(Name of appointee who is accompanying child)

agent and representative for the purpose of authorizing and consenting to hospital care

and/or medical treatment of _____ for any illness or injury
(Name of child)

that may occur while such person is in the care or custody of the agent between the dates of 06/01/2008 and 08/31/2008, while I am away on vacation or, otherwise not immediately available to give such consent.

ALLERGIES: _____ LAST TETANUS TOXOID: _____

FAMILY PHYSICIAN _____ TELEPHONE _____

Dated this _____ day of _____ in the year _____

(Parent of Guardian)

Witnessed by: _____

This form must be completed as a precautionary measure even though you intend to accompany your child to training sessions, activities, etc.

PLEASE RETURN WITH YOUR REGISTRATION/WAIVER FORM