



MEDICAL CONSENT FORM

Players Name _____

Date of Birth _____

ADDRESS _____

PHONE NUMBER _____

MOBILE _____

EMAIL _____

FAMILY DOCTOR _____

DOCTORS PHONE NUMBER _____

ANY EXISITING MEDICAL CONDITIONS _____

Another Person to be contacted in case of emergency

Name _____ Relationship to child _____

Contact Number _____

Sheffield Steeldogs and its employees will not be held liable for any damage or injury to me/ my child however caused. I hereby discharge Sheffield Steeldogs & its employees from all actions and claims I/My child may have for any such injury or damage. This waiver covers all on & off ice activities. Participants will be liable for the repair of any damage to the facility.

Parent/Guardian Signature _____ Date _____