



# **BOOT CAMP**

## **Y F C H L**

**November 3-5**

**Heritage Common**  
**in Hepburn Saskatchewan**



Name of Student: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address & Postal Code: \_\_\_\_\_

City & Province: \_\_\_\_\_

Phone #: \_\_\_\_\_

Health Card # : \_\_\_\_\_  
(MUST HAVE)

Any medications or conditions (ie. Allergies, ADHD, Special Routine) needing to be addressed on a two day trip? (If yes please explain)

NO/YES: \_\_\_\_\_

During Boot Camp Guardian may be reached at:

Contacts Name: \_\_\_\_\_ Contacts Phone #: \_\_\_\_\_

If this person is unreachable please contact

Contacts Name: \_\_\_\_\_ Contacts Phone #: \_\_\_\_\_

Do you give consent for the administration of simple medications (ie. Advil, Aspirin) or personally prescribed medication (ie. EpiPen, Inhaler)

Please initial for answer: YES: \_\_\_\_\_ NO: \_\_\_\_\_

### Consent/ Waiver Form

I hereby authorize the staff volunteers of Youth For Christ Hockey League and Heritage Common to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive & release Youth For Christ, Heritage Common, and its employees/volunteers from any & all liability for any injuries or illness incurred while at YFCHL's BOOT CAMP, transport, to/from, or any of its functions. I have no knowledge of any physical or mental impairments that would be affected by my child's participation in YFCHL's BOOT CAMP. I authorize the use of photos or videos of my son/daughter by Youth For Christ for publication purposes.

Parent/Guardian Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_