PRECISION
RINGETTE SCHOOL

2025 MEDICAL/WAIVER FORM

Participant Name: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Parent(s)/Guardian(s): _____

Contact Number: _____ or _____ (optional)

Alternate Emergency Contact Person: _____ Phone Number: _____

Participant Care Card/ Medical Number: _____

Medical Concerns *(Please inform us if your child experiences symptoms of asthma, diabetes etc.)*

_____

_____

PLEASE COMPLETE THE FOLLOWING:

I, _____ (parent / legal guardian) of _____ (applicant's name) agree that the instructors of the Precision Ringette School, will not be held responsible for any accidents or loss, however caused. I also agree to release the instructors of the Precision Ringette School from all claims which may arise as a result of/or by reason of such accident or loss. I am aware that the above named applicant is taking part in all ringette sessions at his/her own risk and is in good health with no medical concerns unless otherwise indicated in writing, and we further agree to be responsible for all medical and dental claims and/or insurance not covered.

_____ _____

Signature of Parent/Guardian Date

The Precision Ringette Schools request your permission to use ringette-specific photographic images of your child to be shown on our website as promotion for future programs. Please indicate below if you grant such permission.

☐ Yes, I grant permission for ringette-specific images of my child to be shown on the Precision Ringette School website.

☐ No, I do not grant permission for ringette-specific images of my child to be shown on the Precision Ringette School website.