

# HOMENETMEN CANADA'S 49<sup>th</sup> ANNUAL GAMES

## PERMISSION & RELEASE FORM

Chapter: HOMENETMEN-GAMK MONTREAL

Male  Female

Full Name: \_\_\_\_\_

Select one division (age group) per sport that you wish to compete in:

BASKETBALL Senior  Junior  Midget  Bantam  Veteran   
VOLLEYBALL Senior  Junior  Veteran   
FLOOR HOCKEY Senior  Junior   
INDOOR SOCCER Senior  Junior  Midget  Bantam  Veteran   
TABLE TENNIS   
CHESS

Address: \_\_\_\_\_ City: M+L.

Country: CANADA Province/State: QC Postal/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MED CARD #**  
Health Card # \_\_\_\_\_ Health Insurance Name and # \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Current medications / conditions (circle any that may apply)

DIABETES                      ASTHMA                      HYPERTENSION                      HEART DISEASE

Please provide any other conditions we need to be aware of: \_\_\_\_\_

I, \_\_\_\_\_, the parent/ legal guardian of \_\_\_\_\_

give Homenetmen, coaches, committee members, executive officers, the right to take my son or daughter to the emergency room in the event of any injury. I further give Homenetmen, coaches, committee members, executive officers, the ability to make medical decisions on my behalf in the event of an emergency when I am unreachable by phone.

Athlete Signature: \_\_\_\_\_

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

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

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

(If the applicant will be under 18 on November 24, 2017)

**Tournament Fee: \$100**

*Includes Participation Fee and Entrance to Saturday Night Victory Dinner Dance*