



Vancouver Fusion Medical Information

Player Name: _____ Jersey # _____

E-mails: Player's _____ Parent/Guardian's e-mail: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Telephone(s): _____

Provincial (MSP) Health Number: _____

Extended Health # (if applicable) _____

Mother's Name: _____ Father's Name: _____

Business Telephone Numbers: Mother _____ Father: _____

Cellular Telephone Numbers: _____

Person to contact in case of accident or emergency, if parents not available.

Name: _____ Telephone: _____ Cell: _____

Address: _____

Doctor's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Date of Last Complete Physical examination: _____

* Before a player participates in a hockey program, any medical condition or injury problem should be checked by that individual's family physician.

Please circle the appropriate response below pertaining to your child:

- | | | | |
|-----|-----|----|--------------------------------------|
| | Yes | No | Previous history of concussions |
| | Yes | No | Fainting episodes during exercise |
| | Yes | No | Epileptic |
| | Yes | No | Wears glasses |
| N/A | Yes | No | Are lenses shatterproof? |
| | Yes | No | Wears contact lenses |
| | Yes | No | Wears dental appliance |
| | Yes | No | Hearing Problem |
| | Yes | No | Asthma |
| | Yes | No | Trouble breathing during exercise |
| | Yes | No | Heart Condition |
| | Yes | No | Diabetic - Type 1 _____ Type 2 _____ |
| | Yes | No | Medication |
| | Yes | No | Allergies |



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- Yes No Wears a medic alert bracelet or necklace.
(If yes, for what purpose?)_____
- Yes No Does your child have any health problem that would interfere with participation on a hockey team?
- Yes No Has had an illness lasting more than a week & required medical attention in the past year.
- Yes No Has had injuries requiring medical attention in the past year.
- Yes No Has been admitted to hospital in the last year.
- Yes No Surgery in the last year.
- Yes No Presently injured. Injured Body Part _____
- Yes No Vaccinations up to date.
Date of Last Tetanus Shot _____
- Yes No Hepatitis B vaccination.

Please give details below if you answered "Yes" to any of the above items. (Use Separate Sheet if necessary)

Medications: _____

Allergies: _____

Medical conditions: _____

Recent injuries: _____

Any information not covered above: _____

Any medical condition or injury problem should be checked by your physician before participating in a hockey program.

I understand that it is my responsibility to keep the team management (Safety Person) advised of any change in the above information as soon as possible and that in the event no one can be contacted, team management will take my child to hospital/M.D. if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: _____ Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained by Hockey Canada will be held solely for the purpose for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as Hockey Canada's own Privacy Policy.



Vancouver Fusion Female Major Midget League 2010-2011 Selection Camp

The Vancouver Fusion is proud to announce our 2010-11 selection camp. After winning the BC Female Major Midget regular season championship for the past two seasons, this year's team is looking for 20 new players to take on the challenge of winning again in 2010-11.

This year's evaluation camp will take place on August 13, 14 and 15th, 2010. See below for exact times and locations:

Friday August 13th, 2010 (Location: Justice Institute, 715 McBride boulevard, New Westminster)

6:30pm - 7:00pm	Registration
7:00pm - 7:30pm	Introduction
7:30pm - 9:30pm	Fitness Testing (players)
7:30pm - 8:30pm	Information Session (parents)
9:30pm	End of the Day

Saturday August 14th, 2010 (Location: Great Pacific Forum, Delta)

9:00am - 10:00am	"American Rink"
10:15am - 11:15am	"American Rink"
4:00pm - 5:00pm	"American Rink"
5:15pm - 6:15pm	"American Rink"

Sunday August 15th, 2010 (Location: Great Pacific Forum, Delta)

9:00am - 10:00am	"American Rink"
10:15am - 11:15am	"American Rink"
4:00pm - 5:00pm	"American Rink"
5:15pm - 6:15pm	"American Rink"
7:00pm - 8:00pm	Player Interviews
8:15pm - 9:00pm	Meeting for parents of selected players

"Today's Athletes; Tomorrow's Leaders"



Vancouver Fusion Female Major Midget League 2010-2011 Selection Camp

The Selection Camp will cost \$125 per player. Payment will be due on August 13th at the fitness testing session.

For attending the camp each player will receive:

- 4 guaranteed ice times
- a camp jersey
- a fitness profile / analysis

To register for the Selection Camp please complete the attached registration form, MHA Permission form and submit them to Pat Thibeault at playlikechampions@shaw.ca

Please submit your registration by no later than July 30th.

For further information you may contact:

Patrick Thibeault, Head Coach at playlikechampions@shaw.ca