



OUT OF COUNTRY – PRIMARY MEDICAL INSURANCE

I, the undersigned, confirm that _____
Name of Player

has primary medical coverage in place that includes travel to Canada and coverage for sport type injuries while in the country. I understand that the Hockey Canada Insurance Program is a secondary insurance provider and the failure to purchase primary medical insurance could result in a situation where there is no coverage in place.

Player Name	
BC Hockey Team / Association	
Date of Birth	

Parent/Guardian Name (if under 19)	
Signature (Parent/Guardian if under 19)	
Date Signed	

FORWARD COMPLETED FORM TO:
BC Hockey
6671 Oldfield Road
Saanichton, BC V8M 2A1
Fax: (250) 652-4536 or Email: info@bchockey.net

