

Otonabee Skating Club

PO Box 70
Keene, ON, K0L 2G0

MEDICAL INFORMATION / MEDIA POLICY

CHILDS NAME: _____

MEDICAL INFORMATION

I give the Otonabee Skating Club and any member of it's executive and/or coaching staff to act as guardian to my child in the case of an accident during the skating season. This acting is for any medical treatment deemed necessary in my absence. I will not hold the Otonabee Skating Club and/or it's proprietors and/or executive and/or coaching staff responsible for any accident/losses or damage arising from participation in the club activities.

Health Card # _____

Emergency Contacts _____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Please list any medical issues _____

MEDIA POLICY

From time to time the Otonabee Skating Club may take videos or still images for the purpose of promoting the club and post the same for public viewing only. Under no circumstances will these be for resale.

EXCULSION FROM MEDIA POLICY

IF you **DO NOT** want your child's photo posted - Please indicate

I **do not** want my child's photo posted _____

I have read and agree to the above Medical and Media Policies.

Parent/Guardian Signature _____ Date _____

Please Print Full Name _____