OPEN ICE INITIATIVE
SUMMER HOCKEY CAMP

REGISTRATION, MEDICAL AND LIABILITY WAIVER FORM

Open Ice Initiative is a registered nonprofit organization. All programming, on-ice instruction, and equipment are provided to participants at no charge.

IMPORTANT: PLEASE READ BEFORE SIGNING. This form is a legal document. You are being given adequate time to read and understand it fully before signing. Participation in Open Ice Initiative programming is contingent on the submission of this completed, signed form **prior** to the commencement of any on-ice or off-ice activity. **If you decline to sign, the participant will not be permitted to take part in the program.** Signed waivers are retained on file and may be produced upon request to our insurer.

SECTION 1: PARTICIPANT INFORMATION

Participant Full Name: _____

Date of Birth (dd/mm/yyyy): _____ Age at Start of Camp: _____

Gender: _____ T-Shirt Size: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

OHIP Number: _____ Last Tetanus Date: _____

Camp / Session Registered: _____ Dates: _____

Skating Ability: [ ] Beginner (never or rarely skated) [ ] Novice (comfortable on ice) [ ] Intermediate [ ] Advanced

SECTION 2: PARENT / GUARDIAN INFORMATION

Parent / Guardian Full Name: _____

Relationship to Participant: _____ Primary Phone: _____

Email Address: _____ Secondary Phone: _____

Second Parent / Guardian (if applicable):

Name: _____

Relationship: _____ Phone: _____

SECTION 3: EMERGENCY CONTACTS AND FAMILY PHYSICIAN

Emergency Contact #1 (other than parent/guardian listed above):

Name: _____ Relationship: _____

Phone (Primary): _____ Phone (Alternate): _____

Emergency Contact #2:

Name: _____ Relationship: _____

Phone (Primary): _____ Phone (Alternate): _____

Family Physician:

Physician Name: _____ Clinic / Hospital: _____

Phone: _____ Address: _____

SECTION 4: MEDICAL INFORMATION

Please complete all fields thoroughly. Staff use this information to ensure your child's safety. All medical information is kept strictly confidential.

Allergies

Does the participant have any known allergies (food, medication, environmental, insect, latex, etc.)? [ ] Yes [ ] No

If yes, describe: _____

EpiPen / Auto-injector: [ ] Yes, carried by participant [ ] Yes, stored with staff [ ] No

Medications

Is the participant currently taking any prescription or non-prescription medications? [ ] Yes [ ] No

If yes, list medication(s), dosage, and frequency: _____

Storage / administration instructions: _____

Medical / Physical Conditions

Does the participant have any medical or physical condition that may affect participation (e.g. diabetes, asthma, seizures, heart condition, musculoskeletal issues)? [ ] Yes [ ] No

If yes, describe and list any special instructions: _____

Asthma: [ ] Yes [ ] No Inhaler available at camp? [ ] Yes [ ] No Heart condition or chest pain: [ ] Yes [ ] No

Concussion History

Has the participant ever been diagnosed with a concussion? [ ] Yes [ ] No

If yes, date of most recent concussion and current status: _____

Emotional / Behavioural / Learning Needs

Does the participant have any emotional, behavioural, or learning needs that staff should be aware of? [ ] Yes [ ] No

If yes, describe and list any strategies that help: _____

Dietary Restrictions

Does the participant have any dietary restrictions or nutritional requirements? [ ] Yes [ ] No

If yes, describe: _____

Additional Information

Is there anything else you would like our staff to know to ensure the safety and well-being of the participant?

SECTION 5: SPECIAL GROUPING / FRIEND REQUEST

If your child has a specific request to be grouped with a friend registered in the same session, please list their name below. We will do our best to accommodate requests; however, groupings are ultimately determined by skill level and coach-to-player ratio.

Friend's Name: _____ Friend's Age / Skill: _____

SECTION 6: PROGRAM AND EQUIPMENT INFORMATION

All equipment is provided by Open Ice Initiative at no cost to participants. This includes CSA-approved helmets, skates, and protective gear as required for safe participation. Equipment is sanitized between uses. Please notify staff of any sizing issues or discomfort. Participants may bring their own personal equipment if they prefer; any personally owned equipment must meet CSA standards and be in good condition.

Skate Size (approximate): _____ Helmet Size (if known): _____

SECTION 7: CSA HELMET COMPLIANCE ACKNOWLEDGMENT

INSURANCE REQUIREMENT: HELMET COMPLIANCE IS MANDATORY. As a condition of Open Ice Initiative's liability insurance, ALL participants must wear a CSA-approved hockey helmet with properly secured full cage or visor at all times on ice. OII provides CSA-approved helmets for all participants. If a participant chooses to use their own helmet, it must meet CSA standards and be in safe condition. Breach of this requirement may render insurance coverage null and void.

7.1: I/We acknowledge that OII provides CSA-approved helmets for all participants at no charge. I/We confirm that if the participant uses personally owned equipment, it is CSA-approved, in good condition, properly fitted, and has not been subjected to a significant impact that would compromise its structural integrity.	Initials: _____
7.2: I/We acknowledge that any personally owned helmet that is cracked, has missing or broken components, or is past its CSA certification date is not acceptable and must be replaced with an OII-provided helmet before the participant may skate.	Initials: _____
7.3: I/We understand that if a participant refuses to wear a CSA-compliant helmet (whether OII-provided or personal), the participant will be excluded from on-ice activity for that session.	Initials: _____
7.4: I/We understand that helmet compliance is a condition of the liability insurance policy held by Open Ice Initiative, and that failure to comply may render insurance coverage null and void.	Initials: _____

SECTION 8: AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an injury or medical emergency and the undersigned parent/guardian cannot be reached in time, I/We hereby authorize the staff of Open Ice Initiative and/or emergency medical responders to take whatever emergency medical action is deemed necessary and appropriate to preserve the life and health of the participant named in this form. This includes, but is not limited to, calling 9-1-1, administering first aid, and transporting the participant to the nearest appropriate medical facility. All reasonable attempts will be made to contact parents/guardians first.

Supplementary Private Health Insurance (if applicable): Provincial health card (OHIP) information is recorded in Section 1.

Insurance Provider: _____ Policy / Group Number: _____

SECTION 9: SAFETY GUIDELINES ACKNOWLEDGMENT

By signing this form, I/We acknowledge that I/We have reviewed the following safety guidelines with the participant and understand that they apply at all times during the program:

Proper warm-up and cool-down exercises must be performed before and after all ice sessions.

All participants must wear the full protective equipment provided or approved by OII staff.

No body-checking. Open Ice Initiative operates as a **non-contact** ice hockey program.

Participants must listen to and follow all instructions given by coaches and staff at all times.

Horseplay, fighting, and unsafe use of sticks will result in immediate removal from the ice.

Any injury, however minor, must be reported to a staff member immediately.

Participants must not enter or leave the ice without permission from a staff member.

Participants showing signs of a concussion will be removed from activity immediately and will not return to play until cleared in writing by a physician.

SECTION 10: RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

WARNING: BY SIGNING THIS SECTION YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE FOR NEGLIGENCE. READ ALL CLAUSES CAREFULLY AND PLACE YOUR INITIALS IN THE BOX BESIDE EACH CLAUSE BEFORE SIGNING.

The undersigned parent/guardian (and the participant, if 18 years of age or older) acknowledges and agrees to each of the following in consideration of being permitted to participate in activities organized by Open Ice Initiative (referred to as "OII"), including but not limited to non-contact ice hockey instruction, skating, drills, off-ice training, and related programming:

1. NATURE OF ACTIVITY AND VOLUNTARY PARTICIPATION: I/We understand that non-contact ice hockey and skating activities involve inherent risks of injury, including but not limited to: falls on the ice, collisions with other participants or boards, cuts from skate blades, impact from pucks or sticks, sprains, fractures, concussion, and in extreme cases, paralysis or death. I/We freely and voluntarily choose to accept these risks and permit the participant to take part in OII programming. Initials: _____

2. ASSUMPTION OF RISK: I/We acknowledge that the risks described above exist notwithstanding the taking of precautions by OII and its staff. I/We voluntarily assume full responsibility for all risks of loss, damage, or injury (including death) that may be sustained by the participant as a result of participating in OII activities, whether or not such risks arise from the negligence of OII, its coaches, employees, volunteers, directors, officers, agents, or any affiliated persons (collectively the "Releasees"). Initials: _____

3. RELEASE OF LIABILITY AND WAIVER OF CLAIMS: In consideration of OII permitting the participant to take part in its programs, I/We hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE the Releasees from any and all liability, claims, demands, actions, or causes of action arising out of or in connection with any loss, damage, or injury (including death) that may be sustained by the participant, whether caused by the negligence of the Releasees or otherwise, to the fullest extent permitted by law in the Province of Ontario. Initials: _____

4. INDEMNIFICATION: I/We agree to indemnify, defend, and hold harmless the Releasees from any loss, liability, damage, or costs, including legal fees on a solicitor-client basis, that they may incur due to the participant's participation in OII programming, whether caused by the negligence of the Releasees or otherwise. Initials: _____

5. OCCUPIERS' LIABILITY ACT (ONTARIO): I/We acknowledge that I/We are aware of the provisions of the Occupiers' Liability Act, R.S.O. 1990, c. O.2, as amended, and agree that this Release constitutes a complete bar and defence to any claim under that Act or any other applicable legislation. Initials: _____

6. INSURANCE: I/We acknowledge that OII maintains general liability insurance coverage for its programming. I/We understand that any claim arising from a participant's refusal to wear a CSA-compliant helmet (as described in Section 7) or any other written condition of this form may not be covered by that insurance policy. Initials: _____

7. MEDICAL TREATMENT: In the event of injury or illness during OII programming, I/We authorize OII staff and emergency responders to administer first aid and to arrange transportation to the nearest appropriate medical facility. I/We agree to be responsible for any medical costs that are not covered by the participant's provincial health plan or private insurance. Initials: _____

8. PHOTOGRAPHIC AND VIDEO CONSENT: I/We grant OII permission to photograph and/or video record the participant during programming and to use such images or footage for non-commercial purposes, including on OII's website and social media channels. OII will not sell such images or disclose the participant's full name alongside any image without separate written consent. Check here to OPT OUT: [ ] I/We DO NOT consent to photography or video recording. Initials: _____

9. PRIVACY: I/We consent to the collection, use, and storage of personal information provided on this form for the purpose of administering OII programming, communicating with parents/guardians, managing medical emergencies, and fulfilling insurance obligations. This information will not be shared with third parties except as required by law or by our insurer. Initials: _____

10. WAIVER RETENTION AND INSURANCE COMPLIANCE: I/We understand and agree that this signed form will be retained on file by OII and may be produced to OII's insurer upon request, in accordance with the Signed Waiver Warranty condition of OII's liability insurance policy. This agreement constitutes a complete bar and defence to any claim against OII arising from the participant's involvement in OII programs. Initials: _____

11. SEVERABILITY AND GOVERNING LAW: If any provision of this agreement is held invalid or unenforceable by a court of competent jurisdiction in Ontario, the remaining provisions shall remain in full force and effect. This agreement shall be governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein. Initials: _____

By signing below, I/We confirm that I/We have read this entire document, understand its contents, and agree to be bound by its terms. **I/We have had sufficient time to seek independent legal advice before signing.**

Date: _____

Signature of Parent / Guardian (print name below) | Witness Signature (print name below)

Printed Name: _____ | Witness Printed Name: _____

If the participant is 18 years of age or older, the participant must also sign below.

Signature of Participant (if 18+) (print name below) | Witness Signature (print name below)

Printed Name: _____ | Witness Printed Name: _____

SECTION 11: HOW DID YOU HEAR ABOUT OPEN ICE INITIATIVE?

[ ] Social Media [ ] Google / Web [ ] Word of Mouth [ ] School / Flyer [ ] Hockey Association [ ] Returning Participant

Other: _____

Thank you for choosing Open Ice Initiative. We look forward to welcoming your child to the ice!

Questions? Contact us at: info@open-ice.org | www.open-ice.org