



# 2016 EMPLOYEE HEALTH HISTORY FORM

Box 448, Sundridge, ON P0A 1Z0 Toll 1-888-576-2752 Email [employment@learnhockey.com](mailto:employment@learnhockey.com)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Employment Position: \_\_\_\_\_  
Gender: Male or Female Age at Camp: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov. / State: \_\_\_\_\_ Postal / Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ONTARIO HEALTH CARD #:** \_\_\_\_\_  
Employees from outside of Ontario should arrange for "out of province" health insurance prior to arriving in Ontario. If an employee does not hold a valid Ontario Health Card number, any medical visits/charges will be billed back to the Staff.

### Emergency Contact #1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Last Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approx. Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

Recent Vaccinations: (i.e. H1N1, Flu, in Last 12 months) \_\_\_\_\_  
Month / Year

**MEDICATIONS:** All medications (except inhalers/Epi-Pens) must be kept securely in staff cabins. Medications can also be stored in the Health Centre and dispensed by HOC Health Care Staff. Medications must come in the original container and include the employee's name and directions for use.

Medications: \_\_\_\_\_

Purpose: \_\_\_\_\_

Medications: \_\_\_\_\_

Purpose: \_\_\_\_\_

Please indicate any prescribed medication that you or your doctor have decided to discontinue during the camp period:

**ALLERGIES:** List any known allergies and the level of severity (i.e. Types of medications, food, insect bites, etc).

**Employees with severe allergies must carry an Epi-Pen with them at all times.**

**DIETARY:** Please advise any dietary restrictions and concerns you may have. The kitchen will prepare a variety of specialized meals (dairy free, gluten free) and stock common specialized staple items (lactose free milk, breads), but it is required that employees with specialized diets substitute camp meals with their own preferred food items.

**ADDITIONAL CONCERNS:** Is there any additional information that would be of concern or inhibit the staff member from performing their assigned duties? (i.e. Mental Health, Depression, Anxiety, Seizures etc.) \_\_\_\_\_

*I herby certify that all information completed on this form is accurate and up to date and I will contact the camp in writing if there are any changes. I also have read and accept the terms of participation and medical waiver (as listed on page 2 of Employee Health History Form)*

Employee Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

(Parent signature required for all staff under age 18)



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**PLEASE REVIEW RELEASE OF LIABILITY AND MEDICAL TERMS OF EMPLOYMENT BELOW  
THOROUGHLY PRIOR TO COMPLETING AND SIGNING PAGE #1 #2**

## RELEASE OF LIABILITY FORM

Although a doctor's examination is not required for employment, Hockey Opportunity Camp (HOC) requires that all medical problems or conditions requiring on-going medical supervision or care to be fully disclosed. In addition, all employees and contracted workers must be covered by Ontario Health or equivalent health insurance. If I am injured, I acknowledge that I may require medical assistance, which I acknowledge will be at my own expense or the expense of my personal insurer(s). I hereby represent/affirm that I have adequate insurance to provide coverage for such medical expenses. **I understand and agree that HOC will not pay for any cost of expenses incurred by me if I am injured. I give permission for this health information to be shared with the appropriate Camp Directors / Sr Staff and outside medical personnel as required (while understanding and following the camp privacy policy). Permission is also given to the Camp Directors / Sr Staff to take whatever steps deemed necessary to ensure my personal safety and health.**

**For employees and contracted workers under 18 years of age, permission is given to provide common, non-prescription medications such as Acetaminophen, Ibuprofen, Gravol, Kaopectate, cough syrup, etc. In the case of a medical/surgical emergency and parents/guardian are not immediately available for consultation, I hereby give permission to the physician selected by the Camp Director/Health Care Staff to hospitalize and secure proper treatment for the employee or contracted worker (as named on the Employee Health History Form).**

The sport of hockey and other camp activities involve known and unknown risks, which could result in physical and emotional injury, paralysis, death or damage to property or third parties. Such risks include, but are not limited to, cuts and bruises, muscle and joint sprains and strains, broken bones, participants falling on each other resulting in broken bones or other serious injuries, participants hitting the boards causing broken bones or other serious injuries, serious lacerations from skate blades, head injuries as a result of falling on the ice or hitting the boards, and damage to teeth, nose or eyes from pucks, hockey sticks or falls. In addition, there are further risks associated with the resident camp. HOC and Eagle Crest Resorts Ltd. (Eagle Crest) seek to create a safe environment for its employees and campers, however, they cannot prevent all means of injury, including injuries while in the lodgings, injuries on their time off, and risks associated with traveling to and from the camp. All hockey players must wear full CAHA (or equivalent) approved equipment. Employees and contracted workers must abide by all prescribed safety measures for all camp activities. Eagle Crest will not be responsible for any participant's fitness, faulty equipment or misuse/absence of equipment resulting in injury while participating in any camp activity. I expressly agree and promise **to accept and assume all of the risks existing in the employment or contract provided.** My participation in these activities is purely voluntary and I elect to participate in spite of the risks.

Although the camp and/or caterer make every effort to accommodate all persons with food allergies, **the camp or its suppliers cannot be held responsible in the event of an allergic reaction. HOC does not claim to be Nut Free, only Nut Friendly.** Depending on the allergy(ies), it may be necessary for the Camp Director to determine if camp employment is feasible. In addition, it may be necessary for employee or worker to provide specialty foods not available through our normal food distributor.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless HOC and/or Eagle Crest and to waive any and all claims, demands or causes of action, that I have or may have in the future against HOC and/or Eagle Crest and to release HOC and/or Eagle Crest from any and all liability or responsibility whatsoever for any loss, property damage, expense, personal injury or wrongful death however caused that I may suffer as a result of my participation in HOC and/or Eagle Crest games or activities **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE (WHETHER PASSIVE OR ACTIVE), BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, ON THE PART OF HOC AND/OR EAGLE CREST AND FURTHER INCLUDING THE FAILURE ON THE PART OF HOC AND/OR EAGLE CREST TO SAFEGUARD OR PROTECT PARTICIPANTS FROM THE RISKS, DANGERS AND HAZARDS OF HOC ACTIVITIES (HEREIN REFERRED TO AS "CLAIMS").** I also agree that I, and any of our assignees, heirs, beneficiaries, guardians, next of kin, spouse and legal representatives will not make a claim against or sue, HOC and/or Eagle Crest in connection with any of the matters covered by this Agreement.

## MEDICAL TERMS OF EMPLOYMENT

If I show symptoms or am in contact with anyone showing such symptoms (up to 72 hours prior to the arrival at camp) of the following: 1/ Gastrointestinal illness including, but not limited to vomiting, chills, abdominal cramps and diarrhea or 2/ Influenza-Like Illness (ILI) including, but not limited to, fever with cough and one or more of the following symptoms; sore throat, muscle aches, joint pain or weakness or 3/ Any other health concern that poses a threat to the health and well being of the camp community, I declare that the Camp Director will be contacted immediately. We understand that such symptoms will delay arrival to camp as determined by the Camp Director. The Camp Director may require an arrival to be delayed as a result of recent illness.

I agree that I will inform the Camp Director if there are any changes in my medical condition, or ability to safely attend the camp between the signing of this waiver and the date employment shall begin. I understand that a failure to disclose this information to the Camp Director could result in my being sent home from the camp without pay.

### Information Disclosure:

I understand that some or all of the information provided above will be collected, held and used by Hockey Opportunity Camp (HOC) for the purposes of camp employment, complying with regulated information security procedures. In addition, I provide my consent to have my photos, video and/or recordings taken and that my name, face, likeness, voice & appearance may be used in connection with archival purposes, exhibitions, publicity, advertising and/or promotional purposes without reservation, limitation or compensation.

### Parents or Legal Guardian

I certify that I am the parent or legal guardian of the employee under the age of 18 that is mentioned in this Agreement, or that I have been granted power of attorney to sign this agreement on behalf of the parent or legal guardian of the employee in this Agreement. **Further, in consideration of my child being permitted to participate as an employee of Hockey Opportunity Camp (HOC), I, the parent or legal guardian of the participant agree on behalf of the employee to the Terms of Employment, Information Disclosure and Release of Liability Form and Medical Waiver.** I hereby give approval for the participation in the Hockey Opportunity Camp (HOC) activities.

### Employee / Contracted worker

I hereby certify that all information completed on this form is accurate and up to date. I have also read with my Parent or Legal Guardian, and fully understand and accept the Terms of Employment, Information Disclosure, Parents or Legal Guardian and the entire Release of Liability Form and Medical Waiver (as listed on the 2016 Employee Health History Form). I acknowledge that I have read all documents in their entirety and fully understand the legal effects of all of the documents herein listed and that I have had the opportunity to contact the Camp Director with any questions or concerns, or for any clarification on the legal effects of same. For greater certainty, I fully understand that by signing this Agreement, I agree that I am not only giving up my right to sue or make any claim against Hockey Opportunity Camp (HOC) and Eagle Crest Resorts Ltd (Eagle Crest), but also any rights my and my child's assignees, heirs, beneficiaries, guardians, next of kin, spouse and legal representatives to sue or make any claim against HOC or Eagle Crest resulting from any loss, property damage, expense, personal injury or wrongful death however caused.

**Please submit Pages 1&2 of the completed Employee Health History Form & Release of Liability and Medical Terms of Employment either by scanning and emailing (PDF), fax or mail.**