

2016 EMPLOYEE PARENT CONSENT FORM

Box 448, Sundridge, ON P0A 1Z0 Toll 1-888-576-2752 Email employment@learnhockey.com

Parent Consent Form (Staff Members 17 Years Old or Younger)

Staff Name:			
Staff Team:			
Employment Period:	To :		
Staff Documents: I have read and understand the following employed at Hockey Opportunity Camp.	staff documents a	nd accept these for my son / da	ughter to be
□ 2016 Employee Handbook (specificall Policies	y Terms & Conditio	ns of Employment and Employe	e Standards &
□ The Health History Form, Release of	Liability and Medic	al Terms of Employment	
Staff Curfew: Staff members who are 17 yrs old or you not be able to sign out & leave camp pream) and Saturdays (All Staff) these stand back in before their scheduled duties Saturday nights and 12:00 am curfew weekend off who choose to stay on site.	property Sunday-1 aff members are frees. The Director on	Thursday nights. Fridays (Progeto leave camp on their time of duty will enforce a 12:30 am of	ram or Hockey Staff f but must sign out curfew on
If any staff member 17 years old or youn permission must first be provided by the need to send an email by Friday at 5:00 traveling to and from HOC.	staff member's par	ents. For the overnight to be ap	proved, parents
As Parent /Guardian, I agree to contact of Friday to give permission for my child to			
In order to provide appropriate guardians addresses for those who would be granti		• • • • • • • • • • • • • • • • • • • •	rovide email
Guardian #1	Email:		
Guardian #2	Email:		
I understand that my child is responsible activities enjoyed outside of camp are no			f, and that
Parent / Guardian Name (Print):		Parent / Guardian Signature:	
		Date:	
Staff Signature:		 Date:	