

Family Fun Hockey League 2010/2011

Registration Form

Please Print Clearly

Request for equipment

Name of Player: _____

Address: _____

Phone: _____ Alternate Phone: _____

E-mail Address: _____

Birthdate: (year _____/month _____/day _____)

Manitoba Health Nos. (both): _____

Medical notes: _____

Other notes: _____

Parent Signature: _____

Cost per participant is \$150.00

Option 1: Cash or cheque for \$150.00 dated no later than October 10, 2010.

Or

Option 2: Cash or cheque for \$75.00 dated no later than October 10, 2010, plus
Cheque for \$75.00 post-dated for January 3, 2011.

Make cheques payable to “Family Fun Hockey”

MINOR'S ACKNOWLEDGMENT OF RISKS AND RESPONSIBILITIES

I _____ wish to participate in the program, related events and activities of the FAMILY FUN HOCKEY LEAGUE for the 2010-2011 season.

I UNDERSTAND AND AGREE WITH THE FOLLOWING STATEMENTS:

1. The activities involved in this program have the potential to be dangerous and serious injury is a possibility.
2. My parents/guardians and I believe that I am physically, emotionally and mentally able to fully participate in this program and as such have given their unqualified permission for me to take part.
3. I am familiar with, and will follow all the applicable rules for participation in the program.
4. If, during the course of my participation in this program;
 - a) I learn or become aware of a change in my health, physical, emotional or mental condition, or,
 - b) I feel unsafe or threatened for any reason, or,
 - c) I notice anything unsafe about the program,

I WILL IMMEDIATELY STOP PARTICIPATING AND INFORM THE NEAREST OFFICIAL!

5. I am willing to accept the risk of being injured in this program and will take full responsibility for my actions and behavior.

I HAVE READ THIS STATEMENT OF RISKS AND RESPONSIBILITIES; I UNDERSTAND AND AGREE WITH WHAT I HAVE READ, AND I CHOOSE TO SIGN IT.

PARTICIPANT SIGNATURE _____ **DATE** _____

WITNESS SIGNATURE _____

PRINT NAME OF WITNESS _____

WARRANTY AND CONSENT OF PARENT/GUARDIAN

IN CONSIDERATION OF ALLOWING MY MINOR CHILD/WARD TO PARTICIPATE IN THE PROGRAM, RELATED EVENTS AND ACTIVITIES OF THE FAMILY FUN HOCKEY LEAGUE FOR THE 2010-2011 SEASON.

I (print) _____ WARRANT TO YOU THAT:

1. I am a parent/guardian having full legal responsibility for decisions regarding my minor child/ward.
2. I am familiar with the potential for serious injury which any participant in this program must assume.
3. I believe that my minor child/ward is physically, emotionally and mentally able to participate in this program.
4. I will provide my child/ward with the required safety equipment that is of proper fit and condition as specified in the league rules.
5. I am satisfied that reasonable measures have been taken by the league to provide for safety and supervision.
6. I understand and will instruct my child/ward that all league rules must be followed.
7. I will immediately notify the nearest official if at any time I sense or observe any unusual hazard or unsafe condition and remove my child from participation if I feel my child/ward has experienced any deterioration in his/her physical, emotional or mental fitness to participate in the program.
8. I understand that personal accident insurance for my child/ward is my sole responsibility, and as stipulated by the Dauphin Joint Recreation Commission, have coverage in place for my minor child/ward.

I FURTHER AGREE TO SAVE HARMLESS THE FAMILY FUN HOCKEY LEAGUE PROGRAM, IT'S OFFICERS AND REGISTERED PARTICIPANTS FROM ANY AND AGAINST ALL CLAIMS, LOSSES, COSTS, DAMAGES, SUITS, PROCEEDINGS OR ACTIONS ARISING OUT OF OR RELATED TO THE FAMILY FUN HOCKEY LEAGUE'S PROGRAM, RELATED EVENTS OR ACTIVITIES.

I ALSO GIVE MY PERMISSION FOR LEAGUE OFFICIALS TO PURSUE THE APPROPRIATE MEDICAL CARE SHOULD AN EMERGENCY ARISE.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS THAT I OR MY CHILD/WARD MIGHT HAVE.

I SIGN THIS DOCUMENT VOLUNTARILY WITHOUT INDUCEMENT.

**PARENT/
GUARDIAN
SIGNATURE** _____

DATE _____

WITNESS SIGNATURE _____

PRINT WITNESS _____