

# OAKVILLE AND HALTON NON-CONTACT HOCKEY LEAGUE

## Summer Registration Form

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Please print, complete and mail with payment to the address below

Name: \_\_\_\_\_ Age \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ P/C \_\_\_\_\_

e-mail(for stats, newsletters) \_\_\_\_\_

Allergy/Medical conditions \_\_\_\_\_

Please circle appropriate choice:....GOALTENDER.....DEFENCE.....FORWARD

Where did you play last year? \_\_\_\_\_

On a 1-10 scale, 1 indicating no experience, 5 house league, 7 competitive, 9 high impact, your rating is? \_\_\_\_\_

Registration fee: \$499 + \$15 refundable sweater deposit + HST = **\$578.00**

I would like to play with: \_\_\_\_\_ (name one player only)

PLAYER HEALTH CERTIFICATION: Upon signing this application, the player certifies he is in good normal health, is properly equipped (full hockey equipment mandatory) and has no abnormal handicaps.

PLAYER/SPECTATOR CONDUCT: Oakville Adult Hockey Inc, and Halton Mens Hockey Inc. operates on Municipal and Private property with the permission of Appleby College, and the Town of Oakville. To this end, players, parents/guardians and participants will respect the facilities and grounds and will abide by the rules set forth by the facility and staff.

PARTICIPANT WAIVER AND INFORMED CONSENT: To whom it may concern: I, the undersigned, authorize Oakville Adult Hockey Inc, Halton Mens Hockey Inc. and/or Appleby College and/or Town of Oakville and/or anyone acting on their behalf to acquire necessary medical aid that may be required as a result of any accident or injury which may be sustained by me. I have been warned and informed via this document that insurance coverage is not provided and there are serious physical risks associated with hockey, including, but not limited to falls and/or collisions with stationary objects, other players, skates pucks and sticks. My signature below indicates my informed consent to participate knowing the risks involved. And I hereby indemnify and save harmless Halton Mens Hockey Inc., Oakville Adult hockey Inc, and/or Appleby College and/or Town of Oakville and/or anyone acting on their behalf from any and all actions, claims and demands for damages, loss or injury however arising which here to after may have been sustained by me while participating in any activity or facility operated by Oakville Adult Hockey Inc, Halton Mens Hockey Inc. and/or Appleby College and/or Town of Oakville. My signature below indicates that I have the legal right to assume the conditions above on behalf of the player named above. My signature below also indicates that I have thoroughly read and agree to all of the terms above.

PLAYER SIGNATURE \_\_\_\_\_ DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

CHEQUES PAYABLE TO & APPLICATION FORM MAILED TO: D. Jenner, 5264 Erin Third Line, Acton, Ont, L7J 2L8