OAKVILLE AND HALTON NON-CONTACT HOCKEY LEAGUE

Summer Registration Form

Name: _____ Age_____ Phone: _____

Address: _____City_____P/C_____

e-mail: _____

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: $559 + $15 refundable sweater deposit + HST = $646.00

I would like to play with: _____ (name up to two players)

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: Halton Men's Hockey Inc., operates on Municipal and Private property with the permission of Appleby College, the Town of Oakville, the City of Burlington. To this end, 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 Halton Men's Hockey Inc. and/or Appleby College and/or Town of Oakville and/or the City of Burlington 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 Men's Hockey Inc., the Town of Oakville, City of Burlington and/or Appleby College 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 Halton Men's Hockey Inc. and/or Appleby College and/or Town of Oakville and/or City of Burlington. 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__

Scan or mail to: 5264 Third Line Erin, RR2. Acton, Ont. L7J2L8