

Semiahmoo Minor Ball Hockey Association

14600 North Bluff Road, White Rock, B.C. V4B 3C9 Ph. 604-729-9130

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SPECIAL REQUESTS: _____

Youth Player Registration Form & Waiver 2012

League: _____ Ball Hockey Fee: \$175.00 Payment: ___ Cash ___ Cheque ___ Debit ___ Credit Card/Paypal

Tykes: \$125.00 (Make out to: Semiahmoo Minor Ball Hockey Association)

Position: _____ Player ___ Goalie Skill Level: ___ Beginner ___ Average ___ Good ___ Excellent

Has the participant played organized ice /roller hockey? ___ Yes ___ No If yes, how many years? ___

Participant Information: _____
Last name First name Middle Initial

Street Address/Apt #: _____

City/Town Province Country Postal

Phone Number: _____ (Daytime) _____ (Work) Age of Participant: _____

E-mail: _____ Sex: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Emergency Contact Information: _____
Name Phone Number

Volunteer Assistants & Coaches:

___ No, I am not able to Coach

___ Yes, I would like to be a Coach Name: _____

___ Yes, I would like to be Assistant Phone #: _____

Office Use Only

Staff Initial: _____

(NON -PROFIT SOCIETY)

Date: _____

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

By signing this document, you will waive certain legal rights, including the right to sue. In consideration of being permitted to participate in or assisting others in Participation events, and related events and activities at Centennial Arena on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign:

(1) (a) To the best of my knowledge, the PARTICIPANT (listed above) is in Good Physical Condition and has no disease or injury that would be aggravated by participating in activities related to Centennial Arena;

(b) Participating or assisting others in participating in events at Centennial Arena involve RISK OF INJURY TO THE PARTICIPANT, INCLUDING DEATH, LOSS OR DAMAGE TO THE PARTICIPANT'S PROPERTY, or other consequences, this might result not only from the PARTICIPANT'S actions, in actions or negligence but also the actions, in actions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used;

(c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above,

(2) I ASSUME ALL OF THE ABOVE RISKS ON BEHALF OF MYSELF AND THE PARTICIPANT AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

(a) Semiahmoo Minor Ball Hockey, or any of its owners, its agencies, its Board of Directors, its employees, agents, volunteers, coaches, trainers, or officials affiliated, Council with their programs and Centennial Arena, District of White Rock, B.C.

(b) Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;

(c) Owners, lessors and lessees of premises used to conduct the activities FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance or lack of performance in, including travel en route to and From Centennial Arena .

(3) I AGREE THAT:

(a) Prior to participating, I as a parent or guardian, will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such Condition to the athletic coach, supervisor or official connected with Semiahmoo Minor Ball Hockey/Centennial Arena or same and either DECLINE PARTICIPATION or ASSUME THE RISK of participation.

(b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including and all advertisements), television, radio or film coverage of the event(s), WITHOUT COMPENSATION.

(4) I CONSENT TO:

(a) ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the events at Centennial Arena. I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Name of Parent/Guardian (Print) X-----Signature of Parent/Guardian X-----

Month/Day/Year-----