



2017 BALL HOCKEY REGISTRATION FORM

NAME		BIRTH DATE (M/D/Y)	
DOCTOR'S NAME	DOCTOR'S PHONE		ALBERTA HEALTHCARE #
PARENT/GUARDIAN'S FULL NAME			
ADDRESS	CITY/TOWN		POSTAL CODE
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL			
PRIMARY EMERGENCY CONTACT'S NAME		PHONE	

REGISTRATION DEADLINE: April 21, 2017

FEES: \$25

REQUIRED EQUIPMENT: All participants under the age of 18 must wear a CSA approved helmet with full face mask and proper hockey gloves. It is also recommended that players wear a jock/jill strap, elbow and shin pads. All players accept that they are in control of and responsible for their equipment choices.

LIABILITY RELEASE AND PARENTAL CONSENT FORM

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in ball hockey. This release is intended to discharge in advance the Castor Minor Sports Council, the Town of Castor, the Recreation Director, its directors, officers, employees, instructors, coaches and volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

CONSENT FOR TREATMENT

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the Castor Minor Sports Council and/or the Town of Castor will not provide medical insurance for such treatment, and that the cost thereof will be at my expense.

Individual (Over 18): _____ Date: _____

Parent / Guardian: _____ Date: _____

<i>For Office Use Only</i>			
Registration Fee:	\$ _____	Date Paid:	_____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____