# Competitive Edge Hockey School

# Waiver of Liability

# 2016 SUMMER CAMPS

*PLAYER’S* ***FAMILY NAME*** (PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PLAYER’S* **FIRST NAME**: (PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

 DAY MONTH YEAR

TELEPHONE: hm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  WEEK 1 8 – 12 AUGUST 2016

# LEVEL played in 2015-2016: NOVICE ATOM PEEWEE BANTAM

AAA AA A rep “B” House: A B C

#

#

# T-Shirt : YOUTH: X-Large ADULT: Small Medium

# OPTION 1 : Early registration, post-dated cheque $435, 1 February 2016

# OPTION 2 : Post-dated cheque $535, 1 April 2016

# made out to "CompetitiveEdge Hockey School" and, along with the registration form, mailed to:

# “Competitive Edge Hockey School”86-2061 Jasmine CrGloucester, ONK1J 7W2

BY SIGNING THIS FORM, WE, THE UNDERSIGNED PARENTS/GUARDIANS, CONSENT TO THE ABOVE NAMED TO PARTICIPATE IN VARIOUS ON-ICE AND OFF-ICE ACTIVITIES CONDUCTED BY COMPETITIVE EDGE.

BY SIGNING THIS FORM, WE, THE UNDERSIGNED PARENTS/GUARDIANS, HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE ALL PRESENT AND FUTURE ACTIONS, SUITS DEMAND AND OTHER LIABILITY WHICH I AND OR MY CHILD MAY HAVE AGAINST COMPETITIVE EDGE, ITS EMPLOYEES, OFFICERS, DIRECTORS, INSTRUCTORS, AND OR AGENTS FROM ALL LIABILITY ARISING FROM MY CHILD’S PARTICIPATION IN ALL ON-ICE AND OFF-ICE ACTIVITIES CONDUCTED BY COMPETITIVE EDGE.

BY SIGNING THIS FORM, WE, THE UNDERSIGNED PARENTS/GUARDIANS, RELEASE COMPETITIVE EDGE FROM ANY LIABILITIES RESULTING FROM INJURIES OR ACCIDENTS THAT MAY HAVE OCCURRED TO THE ABOVE NAMED PARTICIPANT.

BY SIGNING THIS FORM, WE, THE UNDERSIGNED PARENTS/GUARDIANS, WILL NOT HOLD RESPONSIBLE FOR ANY LOSS OF EQUIPMENT OR INJURIES THAT MAY RESULT IN THE PERFORMANCE OF ANY ACTIVITIES EITHER ON-ICE OR OFF-ICE TO THE ABOVE NAMED PARTICIPANT.

EACH PLAYER MUST WEAR FULL CSA APPROVED HOCKEY EQUIPMENT, HAVE INSURANCE PLAN AND OHIP OR QUEBEC CARTE SANTE.

SIGNED THIS \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_

 DAY MONTH YEAR

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 *NAME OF PARENT / GUARDIAN* *SIGNATURE OF PARENT / GUARDIAN*

E-MAIL : 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_ 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_