



## 2016 SUMMER DEVELOPMENT PROGRAM

Tyke                       Novice                       Atom                       Pee Wee

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ POSITION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_ GENDER: \_\_\_\_\_

PLAYER/TEAM REQUEST: \_\_\_\_\_

TEAM PLAYED FOR IN WINTER: \_\_\_\_\_ LEVEL OF TEAM: \_\_\_\_\_

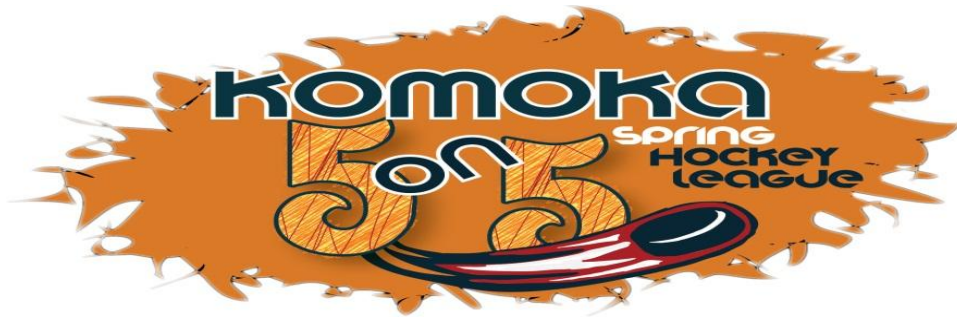
MOM'S NAME: \_\_\_\_\_ DAD'S NAME: \_\_\_\_\_

\$100.00 PER PLAYER for 5 SESSIONS

Komoka Arena  
Sunday, July 17th, 24th, 31st and August 7th, 14th

CASH, CHEQUE OR E-TRASFER PAYABLE TO  
**KOMOKA 5 ON 5 SPRING HOCKEY LEAGUE**  
102 HARRIS ROAD, DELAWARE, ON N0L 1E0

FOR FURTHER INFORMATION, CONTACT TINA AT  
(519) 318-1038 OR BY EMAIL [Komoka5on5hockey@rogers.com](mailto:Komoka5on5hockey@rogers.com)



## **Athletic Waiver and Release of Liability**

We, the parents or legal guardian of the minor participant and the participant acknowledge the risks and unconditionally accept the risks involved with playing hockey (potential of serious injury, paralysis, and even death). We, the parents or legal guardian and the participant agree that the Operators, Komoka 5 on 5 Spring Hockey League, Komoka Wellness and Recreation Complex, the executive, coaches, employers, instructors, referees, staff, and volunteers of this hockey league are released from any and all claims from any damage that may arise from any injury or accident caused by or as a result of the participation of the player named in this release during league play or any related activity. We, the parents or legal guardian of the minor participant and the participant hold harmless the parties listed above.

We, the parents or legal guardian and the minor participant freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for the minor participant's participation.

Furthermore, we the parents or legal guardian of the minor participant and the participant agree to comply with the rules, regulations, terms and conditions for participation. Any and all concerns regarding the safe participation of the name minor participant herein as well as all others will be brought to the attention of the Operator, Komoka 5 on 5 Spring Hockey League.

We, the parents or legal guardian of the minor participant and the minor participant confirm that we have read this release, understand the information contained within the release and assume complete responsibility and liability.

We, the parents of the minor participant and the participant confirm that we have signed this release freely and without duress.

Name Of The Minor Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent(s) or Guardian(s): \_\_\_\_\_

\_\_\_\_\_

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_