

TeamPlayer Hockey 2020/21

Player Registration Form

Questions: join@teamplyer.ca



Player Name AM Group: Ages (2016-2012)

Last Name PM Group: Ages (2011-2006)

Date of Birth (DD/MM/YYYY)

Home Phone

Sex (M or F)

Alternate Phone

Name of Parent/
Guardian of Player Email

Name of Parent/
Guardian of Player Email

Address Province

Postal Code

Town

HEALTH CONCERNS or Allergies

Parents & Participants agree to complete the COVID-19 Self-Assessment prior to each session & agree to stay home if ANY symptoms present. TeamPlayer will send ANYONE home if they appear to have any symptoms.

Emergency Contact:

Name

Phone

Jersey Size: Type Choice (YouthSm, YouthMed, YouthL, YouthXL, or AdultMed)

Sock Size: Type Size Choice (S or M)

Jerseys & Socks are provided for each session.
Please Note: Players are not guaranteed the same jersey number every week!

WAIVER

PLEASE READ CAREFULLY

DATE & SIGN

Waiver Form: I agree that this registered player is physically fit to participate in this program and has no medical conditions which restrict their participation.

I further agree that participation in this hockey school exposes the participant to significant risks of personal injury and the current COVID-19 health risk.

As the parent or legal guardian of the player, I am aware of the risks, and voluntarily and knowingly recognize, accept and assume this risk.

I hereby release Tristyn Kaitt, TeamPlayer and it's coaches & volunteers, the Town of Perth, its employees and affiliates from any and all claims for damages or injuries in any way connected with the participants in the program.

In the event the player is injured, I give Tristyn Kaitt, permission to seek medical or dental treatment.

I further agree to hold Tristyn Kaitt, the facility, TeamPlayer and it's coaches and volunteers, and arena Officials, harmless for lost or stolen articles of property.

I grant Tristyn Kaitt and TeamPlayer the right to use all photos or video footage of the player for any and all instructional or promotional purposes.

I further understand that this release is binding upon my heirs, executors and assignees.

I acknowledge that this is an athletic program and accept all of the risks with the association of the participation in such a program.

Online Signature: By typing in the date and your name below you agree to the above Waiver.

DATE

SIGNATURE (Minors, 16 yrs and under, by Parent/Guardian)