

For Office Use Only:	Cash:	Initial:	Cheque:	Chq #:
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## REGISTRATION/WAIVER FORM 2012

Players Name:	
Address:	
Phone Number:	

Date Of Birth DD/MM/YY)	
Alberta Health Care #	
Medical Concerns:	

Father's Name:	
Father's Phone Number:	
Mother's Name:	
Mother's Phone Number:	

Email Address: (print very clear)
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Last Division Played:		Tier:	
Position Played:			

Are you or anyone in your family willing to coach?    Yes/No

Name:	
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# WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Cochrane Shooters 3 on 3

Related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I KNOWINGLY AND 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 my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Cochrane Shooters 3 on 3 association
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD Cochrane Shooters 3 on 3, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees").
5. **Shooters have the right to keep a \$100 administration fee should you choose to withdraw for any reason. If you choose to withdraw after the set deadline of March 1, 2012 Shooters will keep registration funds**

I hereby agree that the Cochrane Shooters 3 on 3 Association, it's Executive, Coaches, Assistants, and Managers are not responsible for accidents or injuries resulting from participating in any of the Associations activities, and if my child requires medical treatment during the Regular 3 on 3 Hockey Season or Practices, and I am not present, I give my permission for the coaching management staff to arrange for medical help.

I hereby acknowledge receipt of the Cochrane Shooters 3 on 3 regulations and agree to support the Association in these regulations, by signing below, I, as Legal Guardian of the player listed above, agree to the Waiver and Release of Liability listed below and acknowledge receipt of the insurance coverage purchased and understand that additional insurance can be purchased at my own expense if so desired.

**WITH RESPECT TO ANY AND ALL INJURY, DISABILITY,**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature and Date (above)
Player Signature and Date (above)