



# BALL HOCKEY

March 08 - April 16, 2021

Cost: \$30/player

## Registration Form

Name of Player

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Address

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Phone Number

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Email

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Date of Birth (DD/MM/YY)

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Age

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Health Card #

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Health Concerns:

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Current Level of Hockey

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Parent/Guardian Name

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Signature

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BBMHA Use:	Paid By	cash
		cheque

Waiver of Liability, Assumption of Risk and Indemnity Agreement

1. I am fully aware of the inherent risks and hazards that result from my attendance in the Ball Hockey program with Blyth Brussels Minor Hockey Association (BBMHA). Furthermore, through my use of both facilities associated with BBMHA I voluntarily, knowingly and freely assume all such risks including, but not limited to, risks resulting from my own actions or inactions, the actions or inactions of others or their staff and/or volunteers, falls, injuries, illnesses, death, contraction of infectious or communicable diseases.
2. I understand and expressly assume all dangers of the activity. I also shall identify and inform the BBMHA of any hazardous or dangerous conditions jeopardizing the safety of myself or others.
3. I shall defend, indemnify, and hold harmless the BBMHA, including but not limited to, any officials, directors, executive, staff or affiliates, against any and all losses, damages, liabilities, deficiencies, claims, actions, judgements, settlements, interest, awards, penalties, fines, costs, or expenses of any kind, including legal fees and disbursements and the cost of enforcing any right to indemnification under this agreement, and the cost of pursuing any insurance providers, arising out of or resulting from any claim related to the program in either facility.
4. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation as well as my actions. I understand that should my actions cause damage to either facility associated with BBMHA, I will be held fully accountable for my actions.
5. I fully understand and agree that placing my signed consent on this waiver will bind me to the terms of the waiver for participation in BBMHA Ball Hockey program.

I, \_\_\_\_\_ (printed name of parent/guardian) fully understand, acknowledge and accept the aforementioned terms and hereby provide consent by way of my signature below. By placing my signed consent, I also fully understand, acknowledge and accept the risks involved and give consent for \_\_\_\_\_ (printed name of my child) to participate in the Ball Hockey program. By registering my child, I represent that my child is physically fit and able to participate in such activities and understand the risks associated with such activities.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (mm/dd/yy)

***Please bring this SIGNED waiver along with your completed registration form and payment to the first night of BBMHA Ball Hockey program.***