



PEEWEE - INTRODUCTION TO BODY CONTACT

Name:
Email:
Address:
Address:
City: Province:
Country:
Postal Code:
Home Phone: Bus. Phone:

PLAYER INFORMATION

Level Played: Position: Age:
Date of Birth: (dd/mm/yyyy)
Weight: Height:

Name of Parent/Guardian: _____

Write "Agree" if you accept these terms and conditions.

In consideration of Tim Healey Break Away Hockey accepting as a participant in their skating and hockey programs, I hereby for myself, my heirs, executors, administrators and assigns, forever release and discharge Tim Healey Break Away Hockey, their instructors, administrators, servants, agents, sponsors, employees or volunteers from any claims, demands, costs (including solicitor and client costs on a full indemnity basis) actions, causes of action, proceedings arising out of or as a consequence of any loss, injury or damage however caused while attending and participating in Tim Healey Break Away Hockey.

I declare that physical condition, to the best of my knowledge, is such that it will enable him/her to participate safely in all skating and hockey related programs

and that no physician or other qualified individual has advised him/her against participating in this or similar programs and further assume all responsibility with him/her not obtaining such an examination.

I also understand that:

- i) full protective equipment including helmet must be worn.
- ii) the administration reserves the right to remove from camp any participant if in the opinion of the instructors or administrators the participant is not acting in an acceptable manner.
- iii) Tim Healey Break Away Hockey reserves the right to cancel with a 100% refund any session due to circumstances that are not to the benefit of the participants and/or the camp. Final grouping of the players will be at the administration's discretion.
- iv) All curriculums are the sole property of Tim Healey Break Away Hockey. Any copying in whole or in part is prohibited without the permission of the rights holder.

Write "Agree" if you accept these terms and conditions.

Signature of Parent/Guardian: _____

Date: _____