

# Hold Harmless & Waiver

(must be signed by the participant and parent / legal guardian)

As the parent / legal guardian of the above named minor child. I hereby give permission for my child to participate in all aspects of Abbotsford Pilots Junior Hockey Club.

It is agreed that the principles, directors, staff instructors and volunteers acting on behalf of the Abbotsford Pilots Junior Hockey Club, and of the facilities utilized by the said Club, will be harmless and shall not be held responsible for any injury, loss or damages from whatever cause while participating in or traveling to and from any Club function or while on the facility premises.

I acknowledge that my dependant child is in such state of physical and mental health that allows him to safely participate in any team activity. It is also stated that my dependant child is adequately covered by medical, dental and other insurance to meet the needs of any situation and that I understand that I will be responsible for all costs incurred by any medical, dental or other treatment that may become necessary. I understand that appropriate CHA approved equipment to the level that was required by the CHA team on which the player was registered during the 2018-2019 season must be worn.

No refund without medical certificate. Staff reserve the right to deny any registration or to terminate participation at any time, with an appropriate refund of fees, if applicable, being the only compensation.

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Signature of Participant

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Signature of Parent / Legal Guardian

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Date

# Player Registration Form (please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Player's Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: \_\_\_\_\_

Care Card #: \_\_\_\_\_

Position: \_\_\_\_\_

Shot/Catching (L/R): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

2018/2019 Team: \_\_\_\_\_

|                |        |        |    |
|----------------|--------|--------|----|
| Please Circle: | Midget | Bantam |    |
|                | A1     | A2     | A3 |

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Full payment of \$225.00 (Goaltenders - \$250.00) must accompany this registration form.

Cheques payable to:

Abbotsford Pilots Junior Hockey Club