



WEST KELOWNA WARRIORS JUNIOR REGISTRATION

ALL PLAYERS MUST COMPLETE THE FOLLOWING REGISTRATION FORM PRIOR TO THE START OF THEIR FIRST SKATE. Failure to complete this form. will VOID that team's waiver of liability & insurance form.

Players Contact Information

First Name _____

Last Name _____

Home Address _____

City _____

Province _____

Postal Code _____

Email _____

Home Phone _____ Cell _____

Parents Information

Fathers Full Name _____

Cell _____

Email _____

Mothers Full Name _____

Cell _____

Email _____

Hockey Information – West Kelowna Junior Team Form

Birth Year _____

Blue or Black _____

Position _____

Minor Hockey Assoc. _____



WAIVER OF LIABILITY - PLEASE READ CAREFULLY

In Consideration of your acceptance of my child, _____
(Child) as a participant in an event related to the West Kelowna Warriors Hockey Club, I, for myself and my child, hereby waive, release, absolve, indemnify and agree to hold harmless the West Kelowna Warriors, it's organizers, Board of Directors, volunteers, sponsors, coaches, managers and agents (Collectively the "West Kelowna Warriors") and release the Vancouver Selects from claims for, any injuries suffered by my child incidental to, connected with, or arising out of the activities related to the West Kelowna Warriors, including injuries suffered as a result of negligence of the West Kelowna Warriors, but not including injuries suffered as a result of willful or intentional misconduct.

I give my approval to my child's participation in all activities related to the West Kelowna Warriors. I understand that the program for which I have given my permission may be hazardous and that injuries may occur in the normal course of play or instruction, and I assume all risks and hazards incidental to my child's participation including transportation to and from activities. I authorize the West Kelowna Warriors together with medical, hospital, or emergency personnel to carry out and/or administer all treatment and diagnosis determined by them to be necessary. This shall include rendering of emergency care in situations where it would be impractical or impossible to obtain additional consent. I understand that the Vancouver Selects has no medical or health insurance covering my child. I understand that it is my responsibility to outfit my child with proper and adequate protective equipment.

I certify to the best of my knowledge and in consultation with my child's doctor, my child has no physical infirmities or sickness except as follows -

WAIVER OF LIABILITY -

Parents Signature -

Date -