10240 135 Street, Surrey, B.C. V3T-4C2
Ph 604-584-3887
www.centralcityarena.ca

SPECIAL REQUESTS:

Youth Player Registration Form & Waiver 2011

League: ___Ball Hockey ___Roller Hockey **Payment:** ___Cash ___Cheque ___Debit ___Credit Card

Position: ___Player ___Goalie **Skill Level:** ___Beginner ___Average ___Good ___Excellent

Has the participant played organized ice / roller / ball hockey? ___Yes ___ No If yes, how many years? ____

Participant Information:_____
Last Name First Name Middle Initial

Street Address/Apt#:_____

_____
City/Town **Province/State** **Country** **Postal/Zip**

Phone Number: _____ _____ **Age of Participant:** _____
(Daytime) (Work)

Email: _____ **Sex:**_____ **Date of Birth:** _____/_____/_____
M/F Month Day Year

Emergency Contact Information: _____
Name Phone Number

Volunteer Assistants & Coaches:
___No, I am not able to Coach
___Yes, I would like to be a Coach Name: _____
___Yes, I would like to be an Assistant Phone #:_____

Office Use Only
Staff Initial: _____
Date: _____

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

By signing this document, you will waive certain legal rights, including the right to sue. In consideration of being permitted to participate in or assisting others in participation events, and related events and activities at Central City Arena (a facility owned and operated by Willow Industries Ltd.), on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

(1) (a) To the best of my knowledge, the PARTICIPANT (listed above) is in Good Physical Condition and has no disease or injury that would be aggravated by participating in activities related to Central City Arena;
(b) Participating or assisting others in participating in events at Central City Arena involve RISK OF INJURY TO THE PARTICIPANT, INCLUDING DEATH, LOSS OR DAMAGE TO THE PARTICIPANT'S PROPERTY, or other consequences, which might result not only from the PARTICIPANT'S actions, in actions or negligence but also the actions, in actions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used;
(c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above,

(2) I ASSUME ALL OF THE ABOVE RISKS ON BEHALF OF MYSELF AND THE PARTICIPANT AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:
(a) Central City Arena, Willow Industries Ltd., or any of its owners, its agencies, its Board of Directors, its employees, agents, volunteers, coaches, trainers, or officials affiliated with their programs;
(b) Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;
(c) Owners, lessors and lessees of premises used to conduct the activities FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising our of participation in, performance or lack of performance in, including travel en route to and from Central City Arena.

(3) I AGREE THAT:
(a) Prior to participating, I as a parent or guardian, will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the athletic coach, supervisor or official connected with Central City Arena or same and either DECLINE PARTICIPATION or ASSUME THE RISK of participation.
(b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including and all advertisements), television, radio or film coverage of the event(s), WITHOUT COMPENSATION.

(4) I CONSENT TO:
(a) ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the events at Central City Arena. I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

_____ _____ ____/____/_____
Name of Parent/Guardian (print) **Signature of Parent/Guardian** **Month Day Year**