



**Waterloo Minor Hockey Association
Learn to Play Hockey Event – August 19, 2018
Registration & Waiver Form**

Participant Name(s): _____

Address: _____

City: _____ **Postal Code:** _____

In case of an emergency please contact: Parent/Guardian

Name: _____

E-Mail: _____

Phone #:(home) _____ **Cell:** _____

Location: Albert McCormick
500 Parkside Dr, Waterloo, ON N2L 5J4

Free – Learn to Play Hockey Event

Waiver

By signing this form, I, the undersigned parent/guardian, consent to the above named to participate in various on and off ice activities conducted by Waterloo Minor Hockey Association and its agents.

It the undersigned parent/guardian, hereby waive, release and forever discharge all present and future actions, suits, demands and other liability which I and or my child may have against the Waterloo Minor Hockey Association, its employees, officers, directors, instructors, and or agents from all liability arising from my child's participation in all on and off ice activities conducted.

I, the undersigned parent/guardian, release the Waterloo Minor Hockey Association from any liabilities resulting from injuries or accidents that may have occurred to the above named participant.

Permission is hereby **Granted** **Denied** (check appropriate box) for Waterloo Minor Hockey Association to take and use photographs of the above mentioned child for promotions and records.

Waterloo Minor Hockey Association is **not responsible for lost or stolen equipment.**

Parent/Guardian _____ Signature _____

Print Name

Return to LSCA or WMHA mailbox at Albert McCormick Community Centre