

REGISTRATION FORM

PLAYER NAME	BIRTH DATE
ADDRESS	TOWN/CITY
POSTAL CODE	
PHONE	CELL
PARENT'S/ GUARDIAN'S	MEDICAL #
POSITION	LEVEL
JERSEY SIZE	

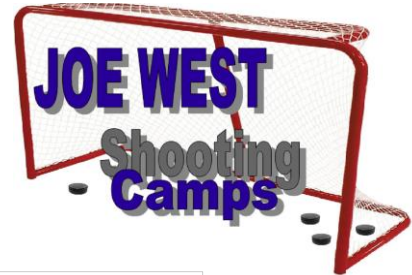
Camp _____ Dates _____

PLAYER \$ _____
GOALIES \$ _____

G.S.T. # 830792008RT0001 **total GST included** _____

cheque or e-transfer (Joseph West, info@joewesthockey.ca)

e-mail address for confirmation: _____



“Please be advised that only completed Registration Forms including payment will be accepted”

REFUNDS

Refunds will not be honored unless accompanied by a Doctors Certificate and are subject to a 25% administration charge. A credit for the entire amount may be used towards a future session within one year.

MEDICAL INSURANCE

Each student is required to have his own health and accident insurance policy. Please include your Medical Number in the application.

Sent completed application to:

JOE WEST HOCKEY Enterp.
302-500 Stradbrook Ave, Winnipeg, MB
R3L 0K1
or e-mail to info@joewesthockey.ca

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the **JOE WEST Shooting Camp** athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK S, both know and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the **JOE WEST HOCKEY Enterprises** their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDS ITS TERMS, UNDERSTAND THAT HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE

(under 18 at time of registration)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

RELEASE & SIGNATURES FORMING PART OF AMATEUR ATHLETIC
WAIVER & RELEASE OF LIABILITY

Player Name

Player Signature

Parent Signature

Birth Yr.

For more information go to www.joewesthockey.ca