

REGISTRATION FORM

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

Camp

PLAYER \$ _____
 GOALIES \$ _____

total GST included _____

G.S.T. # 830792008RT0001
 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”

Sent completed application to:

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

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.

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 REPECT 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