



ReginaSport Inc. Hockey Team

Name: _____ Phone Number: _____

Age: _____ Birth date: _____(D/M/Y) Gender: M F

Hospitalization Number: _____ School _____

Address: _____ Postal Code: _____

Name(s) of Parents/Guardians: _____

Emergency Contact: _____

Home #: _____ Work#: _____ Cell#: _____

Is your child: ___ Metis ___ First Nation
SHRC Exemption File #E03-011

Do you have previous Hockey experience? If so, please note: _____

NOTE TO PARENTS: YOU MUST BE COMMITTED TO GETTING YOUR CHILD TO AND FROM GAMES & PRACTICES, AS WELL AS BEING AT GAMES TO VOLUNTEER. IF YOU WILL NOT BE ABLE TO COMMIT TO THIS PLEASE DO NOT REGISTER YOUR CHILD.

Please identify and known medical conditions/problems that the supervisor should be aware of: _____

I agree to grant permission for my child to participate on the ReginaSport Inc. Hockey Team offered by the ReginaSport.

I agree to grant permission for any medical services to be rendered in the event such services are needed. I also agree that ReginaSport Inc., SaskSport Inc. and/or any other proprietors and/or partnering agencies involved in the Hockey Team will not be held responsible for any accidents or loss, however caused, and agree to release them from all claims or damages which may result from, or by any reason of, such accidents or loss. I hereby acknowledge that certain RISKS OF INJURY are inherent to participation in the Hockey Team. I hereby WARRANT that my child is physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS that may be associated with my child's participation.

By initialing here _____ I request that an individual consent and waiver permission slip be sent home for each special event or outing offered through the ReginaSport Inc. Hockey Team.

Date: _____ Guardian Signature: _____

(Must be over 18 years)