



2010-2011 Season Kamloops Women's Recreational Hockey League

Player fees \$400 Goalie fees \$215

1st payment June 30, 2010 (\$200 player/\$100 Goalie)

2nd payment August 15, 2010 (\$200 player/\$115 Goalie)

**Registration fee after June 30 \$500/player & \$315/goalie*

**No refunds after September 30. All refunds subject to a \$25 admin charge*

Player Information

Date: _____
First Name: _____ Last Name: _____
Street/Apt#: _____ City: _____
Postal Code: _____ Email: _____
Phone #1: _____ Phone #2: _____

Birthdate (Month/Day/Year) _____

Player Goalie Amount Enclosed _____ Cash Cheque Money Order

Please check which best suits your hockey background

AAA AA A B Recreational Competitive
C Recreational Intermediate D Recreational Novice Never played hockey before

Are you interested in refereeing? Yes No

Team Information

please check which team you would like to play on in the 2010/2011 season

* please note that not all players requests can be met.

Big Kahunas Bruins Coyotes Eagles Hawks
Jets Lightning Lions Stars Doesn't Matter

Comments: _____

Please fill out the registration form and mail/drop off with payment to

SCOOPZ

280 Lansdowne Street, Kamloops, BC, V2C 1X7

Open 11 am until 7pm Daily

Make cheques payable to KWRHL

**Cash /Money Order/Cheque only. No Debit or Credit Cards*

Administrative use only

1st Payment Amount	_____	Date: _____	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>
2nd Payment Amount	_____	Date: _____	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>
Late Payment Amount	_____	Date: _____	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>

Kamloops Women's Recreational Hockey League 2010/2011

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

NAME OF PARTICIPANT: _____

ADDRESS OF PARTICIPANT: _____

EMAIL: _____

BIRTH DATE: _____ PHONE #1: _____ PHONE #2: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE: _____

DISCLAIMER CLAUSE

The Kamloops Women's Recreational Hockey League (KWRHL), their officers, directors, agents, contractors, employees, volunteers, members and representatives (all hereafter collectively referred to as "KWRHL") are not responsible for any injury, loss or damage of any kind sustained by any person while participating in the KWRHL, including injury, loss or damage which might be caused by the negligence of the KWRHL.

DESCRIPTION OF RISKS

In consideration of my participation in playing ice hockey with the KWRHL, I acknowledge that I am aware of the possible risks, dangers and hazards associated with my participation in the KWRHL including the possible **risk of severe or fatal injury** to myself or others.

INDEMNIFICATION

In consideration of the KWRHL allowing me to participate in league games and skills sessions I agree:

1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with or related to my participating in league games and skills sessions even though such risks may have been caused by the negligence of the KWRHL;
2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE** which I might sustain participating in league games and skills sessions even though such injury, loss or damage may have been caused by the negligence of the KWRHL;
3. **TO HOLD HARMLESS AND INDEMNIFY KWRHL** from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in league games and skills sessions.
4. **TO INDEMNIFY AND HOLD HARMLESS** the Kamloops Women's Recreational Hockey League and each of their respective directors, officers, agents, contractors, employees, volunteers, members and representatives from any and all claims, demands, actions and costs which might arise out of my participating in the KWRHL even though such claims, demands, actions and costs may have been caused by the negligence of the Kamloops Women's Recreational Hockey League.

ACKNOWLEDGEMENT

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT. It is binding upon myself as well as upon my heirs, executors and representatives, in the event of my death or incapacity. **I HAVE READ AND UNDERSTOOD ALL THE TERMS OF THIS AGREEMENT**, and by signing this agreement voluntarily, I am agreeing to abide by these terms.

Signed this _____ day of _____, 20 _____, at Kamloops, British Columbia.

Signature of Member/Participant/Parent/Guardian

Signature of Witness

Print Name

Print Name