

**2016 FEMALE SKILL DEVELOPMENT SESSIONS
UMBERTO FIORILLO/SANDRO PISANI
PLAYER REGISTRATION FORM**

SANDRO PISANI
780-718-9355
sandrop@shaw.ca

UMBERTO FIORILLO
780-991-8668
coachfio13@gmail.com

PLAYER NAME	PARENT/GUARDIAN NAME	
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ADDRESS	CITY	PROVINCE
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POSTAL CODE	PHONE #	EMERGENCY PHONE #
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EMAIL ADDRESS	ALBERTA HEALTH CARE #
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MEDICAL CONDITIONS

PLAYING LEVEL/TIER	BIRTHDATE
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POSITION	SHOOTS
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I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES: An unqualified ASSUMPTION OF ALL RISKS associated with participation in this programme by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the programme organizer and any persons associated therewith or participating therein, and PROVIDE FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the programme organizer and all persons and organizations associated with it and the programme including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the programme, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the programme, and an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.

By signing this “waiver and release”, I acknowledge that I fully understand its content and that this release cannot be modified orally.

PARENT/GUARDIAN SIGNATURE
(PLEASE PRINT NAME)

PARENT/GUARDIAN SIGNATURE

DATE

**2015 FEMALE SKILL DEVELOPMENT SESSIONS
UMBERTO FIORILLO & SANDRO PISANI
PLAYER REGISTRATION FORM**

SANDRO PISANI
780-718-9355
sandrop@shaw.ca

UMBERTO FIORILLO
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coachfio13@gmail.com

SESSION #1: SUNDAY, APRIL 2, 2017: 10:30AM-11:45AM @ KNIGHTS OF COLUMBUS ARENA

SESSION #2: TUESDAY, APRIL 4, 2017: 5:00PM-6:00PM @ KNIGHTS OF COLUMBUS ARENA

SESSION #3: THURSDAY, APRIL 6, 2017: 5:00PM-6:00PM @ KNIGHTS OF COLUMBUS ARENA

PAYMENT METHOD: (PLEASE CHECK) \$120 [including GST]

CHEQUE BY MAIL PAYABLE TO: *Umberto Fiorillo*
13 NORTON AVENUE
ST. ALBERT, AB
T8N4C2

INTERAC E-TRANSFER PAYABLE TO: coachfio13@gmail.com

**** ONCE PAYMENT IS RECEIVED, YOU WILL RECEIVE AN EMAIL TO CONFIRM REGISTRATION.**