



Lacombe Ringette Association – FOIP

Please print off a copy of this form for each player registered. Please sign it and submit it at your first ice time.

Registrations will not be considered complete until this form is signed and submitted.

Player name: _____ DOB: _____

Division: U6, U10, U12, U14, U16, U19, Open

The Freedom of Information Policy requires that we have a parent/guardian signature in order to post your child's name &/or photo on the ringette websites, newspapers or any public domain.

Yes, I accept:

Signature: _____

Date: _____

IN CONSIDERATION of Lacombe Ringette Assoc. accepting this registration, I hereby for myself, my heirs, administrator and assignees, waive and release any and all right and claim for damages I may have against the Lacombe Ringette Association suffered by me or my child while taking part in or as result of the activities of the Lacombe Ringette Association.

Signature: _____

Date: _____

FOR OFFICE USE:

Received by: _____

Date: _____

COMPLETE

Checked by: _____