

SHERWOOD PARK JUNIOR "B" KNIGHTS REGISTRATION FORM

PLAYER NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ PHONE: _____ EMAIL: _____

BIRTHDATE (YY/MM/DD): _____ Position: _____ Shoots: R or L

Level/Team Played Previous Year: _____

Are you a carded Player with another U20 team in Canada? ____ If yes please provide email permission from carded team to join our ice times. Team name and contact: _____

PARENTS NAMES: FATHER/MOTHER: _____ Contact #'s: _____

Emergency Contact Name & Number: _____

Are there any medical or health issues we may need to know about? _____

PLEASE READ CAREFULLY BEFORE SIGNING, THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS. All information collected will remain confidential and is used for registration purposes only.

I _____ 18+PLAYER or (PARENT/GUARDIAN of _____ give my permission for my child) wish to participate in games, practices, and related activities of the Sherwood Park Knights. I release the directors of the Sherwood Park Knights, its officers, officials and all concerned with the organization from any liability for injury or accident which may be incurred by any participant or officials while participating in games and practices.

I AGREE TO THE FOLLOWING WAIVER AND RELEASE. CERTAIN RISKS ARE INHERENT IN ANY RECREATIONAL ACTIVITY AND CANNOT BE ELIMINATED OR REDUCED. THE SAME INHERENT RISKS THAT CONTRIBUTE TO THE UNIQUE CHARACTER OF THE ACTIVITY CAN BE THE CAUSE OF DAMAGE TO THE PERSON OR EQUIPMENT ASSOCIATED WITH THE ACTIVITY, OR INJURY, ILLNESS, PARALYSIS OR DEATH. I UNDERSTAND AND ACKNOWLEDGE THAT THERE ARE RISKS, HAZARDS AND DANGERS THAT ARE INHERENT AND INTEGRAL TO THESE ACTIVITIES.

FOIP- I DO or DO NOT (please circle one) allow the Sherwood Park Knights to post on ice pictures or videos of myself (or my child) on social media or the website for promotional purposes only. **I HAVE CAREFULLY READ, CLEARLY UNDERSTAND AND VOLUNTARILY SIGN THIS PARTICIPATION, WAIVER AND RELEASE AGREEMENT.**

Player or Guardian SIGNATURE: _____ DATE: _____

Please Print Name: _____

