

Position:

MANNING VALLEY HOCKEY ASSOCIATION INC.

Junior Player Playing outside their Age Group Waiver and Liability Release Form

NOTE: This form MUST be completed & approved for ALL junior players who are playing outside their age group within the junior competition of MVHA.

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Players Surname:	Players First Name:		DOB:
Street Address:			
Parents/Guardian Names:	Parent/Guardian Contact Number:		
Parents/Guardian Email:			
Ambulance Cover: YES / NO	Provider:	Provider Numb	per:
Current Club:			
Current Age Division/Grade played:			
Age Group/Division requesting to participat	te in:		
Marning: Hockey activities can be inherently dangerous. I acknowledge that my child/ward will be exposed to certain neightened risks during participation in older age groups within MVHA Junior Hockey Competition. Accidents can and often do nappen which may result in my child/ward being injured, or property being damaged. Sitness to Participate: I declare that my child/ward is medically and physically fit and able to participate in the MVHA Junior Hockey Competition. I will immediately notify MVHA in writing of any change to my child/ward's medical condition, fitness or ability to participate. I understand and accept that MVHA will continue to rely upon this declaration as evidence of my child/ward's fitness and ability to participate. Medical Treatment: I consent to my child/ward receiving any medical treatment that MVHA representatives reasonably consider necessary during my child/ward's participation in MVHA Junior Hockey Competition. I also agree to reimburse MVHA or any costs or expenses incurred in providing my child/ward with medical treatment I acknowledge that I am the parent / care giver / guardian of the above mention child. I have read and understand this Naiver and Liability Release. I am waiving any right that I may have to bring legal action or assert a claim against MVHA and/or persons or Committees.			
Parent / Care Giver / Guardian Acknowledger have had sufficient opportunity to read this rehild playing Hockey in older age groups of the voluntarily without inducement of any kind. Parents Signature:	elease of liability and acknowledger e MVHA Junior Competition. I fully ι	understand its te	erms and sign it freely and
Club Acknowledgement: (signatory MUST not The additional risk with the above player has be iability that the player is / is not ready to part Club President / Vice President Name & Signat Club Name:	peen assessed by our Club represent icipate in older age groups of MVHA ture:	A Junior Hockey (Competition.
Executive Approval: (signatory MUST not be rendorsements in reference to the player wishing the believe without bias or liability that the reshis age group of the MVHA Junior Hockey Cores (MVHA Executive (Full) Name	ing to participate in older age group commendation for the player is agroup mpetition.	s of the MVHA J	unior Hockey Competition.

Date: