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.

Players Surname:	Players First Name:		DOB:		
	Thuyero i moe itamic.		DOD .		
Street Address:					
Parents/Guardian Names:	Parent/Guardian Contact Number:				
Parents/Guardian Email:					
Ambulance Cover: YES / NO	Provider:	Provider Numb	er:		
Current Club:					
Current Age Division/Grade played:					
A Custim/Division requesting to portions	to i				
Age Group/Division requesting to participat	ie in:				
idenstice of this application being occo	at all active students and agree that.				
n consideration of this application being acce	pted I acknowledge and agree that:				
Warning: Hockey activities can be inherently o	dangerous. I acknowledge that my cl	hild/ward will be	exposed to certain		
heightened 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 be	= = :		Active to the area of terrain		
Tappett withen may result in my child, was a se-	ing injured, or property sering darries	3Cu.			
Fitness to Participate: I declare that my child/	ward is medically and physically fit a	and able to parti	cipate in the MVHA Junior		
Hockey Competition. I will immediately notify					
ability to participate. I understand and accept		-			
child/ward's fitness and ability to participate.	that will will continue to rely ape	m tins acciaratio	ni as evidence of my		
Jillu/ Waru 3 Hilless and ability to participate.					
Medical Treatment: I consent to my child/war	d receiving any medical treatment t	hat MVHA repre	esentatives reasonably		
consider necessary during my child/ward's par	= :	•	·		
for any costs or expenses incurred in providing			10 ugi 00 to 10		
of any costs of expenses meaned in providing	5 my Cima, ward with medical a cath	iene			
I acknowledge that I am the parent /	care giver / guardian of the above m	nention child. I h	ave read and understand this		
Waiver and Liability Release. I am waiving any	= =				
persons or Committees.	, 55				
Parent / Care Giver / Guardian Acknowledge	ment:				
		ment of addition	al rick associated with my		
I have had sufficient opportunity to read this release of liability and acknowledgement of additional risk associated with my child playing Hockey in older age groups of the MVHA Junior Competition. I fully understand its terms and sign it freely and					
voluntarily without inducement of any kind.	s WWITA Junior Competition. França	naciotana ito te.	Tills and sign it incery and		
· · · · · · · · · · · · · · · · · · ·	Date:/				
Club Acknowledgement: (signatory MUST no	t be related):				
The additional risk with the above player has b		tatives, and we k	pelieve without bias or		
liability that the player is / is not ready to part					
Club President / Vice President Name & Signat	ture:	Date	e:/		
Club Name:					

Executive Approval: (signatory MUST not be related) The MVHA Executive acknowledges the above mentioned					
endorsements in reference to the player wishing to participate in older age groups of the MVHA Junior Hockey Competition.					
We believe without bias or liability that the recommendation for the player is agreed, and is / is not ready to participate in					
this age group of the MVHA Junior Hockey Competition.					
MVHA Executive (Full) Name	Signati	ure:	Board		
Position:	Date: _				

Last completed 23/02/2022