

MANNING VALLEY HOCKEY ASSOCIATION INC.

Junior Player Playing Senior Waiver and Liability Release Form 2022

NOTE: This form MUST be completed & approved for ALL junior players under the age of 15 years.

Street Address:	Players First Name:	DOB:	
Street Address.			
Parents/Guardian Names:	Parent/Guardian Contact N	Parent/Guardian Contact Number:	
Parents/Guardian Email:			
Ambulance Cover: YES / NO	Provider:	Provider Number:	
Current Club:			
Current Age Division/Grade played:			
Age Group/Division requesting to par	ticipate in:		
n consideration of this application b	eing accepted I acknowledge a	nd agree that:	
Warning: Hockey activities can be in	herently dangerous. I acknowle	edge that my child/ward will I	be exposed to
certain heightened risks during parti		•	•
nappen which may result in my child	I/ward being injured, or proper	ty being damaged.	
Fitness to Participate: I declare that	my child/ward is medically and	I nhysically fit and able to nar	ticinate in the MVH.
Senior Hockey Competition. I will im			•
condition, fitness or ability to partici			
declaration as evidence of my child/	·		., ., .,
Medical Treatment: I consent to my	child/ward receiving any medi	cal treatment that MVHA rep	oresentatives
reasonably consider necessary during agree to reimburse MVHA for any consider necessary during agree to reimburse MVHA for any consider and Liability understand this Waiver and Liability	g my child/ward's participation osts or expenses incurred in proparent / care giver / guardian of Release. I am waiving any right	in MVHA Senior Hockey Conviding my child/ward with months the above mention child. I l	npetition. I also edical treatment have read and
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Date:

Board Position:_