



MANNING VALLEY HOCKEY ASSOCIATION INC.

2021 Junior Player Playing Senior Waiver and Liability Release Form

NOTE: This form MUST be completed & approved for ALL junior players under the age of 15 years BEFORE they play their first match for which they are obtaining the waiver.

Form with fields: Players Surname, Players First Name, DOB, Street Address, Parents/Guardian Names, Parent/Guardian Contact Number, Parents/Guardian Email, Ambulance Cover, Provider, Provider Number, Current Club, Current Age Division/Grade played, Age Group/Division requesting to participate in.

In consideration of this application being accepted I acknowledge and agree that:

Warning: Hockey activities can be inherently dangerous. I acknowledge that my child/ward will be exposed to certain heightened risks during participation in MVHA Senior Hockey Competition.

Fitness to Participate: I declare that my child/ward is medically and physically fit and able to participate in the MVHA Senior Hockey Competition.

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 Senior Hockey Competition.

I acknowledge that I am the parent / care giver / guardian of the above mention child. I have read and understand this Waiver and Liability Release.

Parent / Care Giver / Guardian Acknowledgement, Club Acknowledgement, Executive Approval sections with signature and date lines.