Participant's Name: _____ Birthdate: _____

Age Category: _____ Division:_____

Parent/Guardian Information

Full Name(s): _____

Phone:_____ Email Address:_____

Address: _____City _____ Postal Code _____

Medical Information - My child has the following allergies, or pre-existing illness/heath concern(s). Please indicate if an Epi-pen and or any other medication are carried by your child:

_____

League Release and Waiver of Liability

1. The Participant assumes all risk of personal injury which may result from participation in the Cooperators Centre League. Be advised that all Cooperators Centre League's require full equipment.
2. The Participant agrees to wear all protective equipment, including full cage and neckguard.
3. The Participant will not hold Evraz Place, any of the officials or staff liable for injury which the player may sustain while participating in the league. The participant understands and agrees that all sports and activities in the league have physical dangers which may result in serious injury or death.
4. The Participant is advised to carry additional medical insurance.
5. The Participant certifies that he/she has no known medical condition which would prohibit him/her from participating in the league and the participant agrees that he/she will act in a responsible manner during all league activities.
6. The Participant agrees to reimburse Evraz Place in full with 5 days of notice for the cost of any property damage for which the player is held responsible by Evraz Place staff, Management or officials.
7. Evraz Place is not responsible for any lost or stolen, damaged or lost articles.

This is to certify that I, above named participant, or parent/guardian with legal responsibility for the participant, do consent and agree to the league release and waiver of liability.

_____ _____

Parent/Guardian Signature Date

DATE	TEAM NAME	PAYMENT METHOD