



# Lethbridge & Area Recreational Hockey Club



## REGISTRATION FORM

2020-21

- \*\* All programs take place at the Civic Ice Centre located at 905 6 Ave S. Lethbridge, AB.
- \*\* Players cannot be registered with another organized hockey association, league or club to participate in this program.
- \*\* This is a **NON-BODY CONTACT PROGRAM**; however, all protective equipment must be worn including helmets with full face masks and approved neck guards. Players without all protective equipment will not be permitted on the ice.
- \*\* A parent/legal guardian must complete this form accurately and completely, and also sign the participant waiver, before the participant will be permitted on the ice.

### PLAYER INFORMATION:

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Guardian #1 Contact Information:

Name: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

### Guardian #2 Contact Information:

Name: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

### EMERGENCY/ALTERNATE CONTACT:

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Contact's Relationship to player: \_\_\_\_\_

Has your player ever participated in organized hockey before? YES or NO (circle)  
 Skating Skill: 1 [brand new to skating] 2 [some experience] or 3 [more than 30 hours on ice] (circle)

Please note any health concerns or conditions the club/coaches should be made aware of:

VOLUNTEER COACHES ARE NEEDED: Are you able to volunteer on the ice during your child's ice time?  
Head Coach: YES or NO (circle) Assistant Coach: YES or NO (circle) On Ice Assistant: YES or NO (circle)

TEAM MANAGERS ARE NEEDED: Are you willing to volunteer as a team manager supporting bench parents, goalies and coaches as needed and represent the club during your child's ice time?  
 YES or NO (circle)

### PAYMENT: (NON-REFUNDABLE AFTER SEPTEMBER 30)

- o FULL SEASON REGULAR REGISTRATION \$350.00
- o SECURITY DEPOSIT FOR JERSEY/SOCK RENTAL **[REQUIRED]** BY POST DATED CHEQUE FOR \$200.00 DATED APRIL 1, 2021 CHEQUE # \_\_\_\_\_

#### Divisions (by year of birth):

Ages (4 -5) 2016 & 2015  
 Ages (6 - 7) 2014 & 2013  
 Ages (8 -9) 2012 & 2011  
 Ages (10 - 11) 2010 & 2009  
 Ages (12 - 13) 2008 & 2007  
 Ages (14-17) 2006 - 2003  
 \*Ice times are dependent on the City of Lethbridge and subject to change.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **TO BE COMPLETED BY CLUB BOARD MEMBER ONLY:**

Cash \_\_\_\_\_ or Cheque # \_\_\_\_\_ ; Deposit cheque # \_\_\_\_\_ ; Jersey #: \_\_\_\_\_ ; Size \_\_\_\_\_ Colour: \_\_\_\_\_

**LETHBRIDGE & AREA RECREATIONAL HOCKEY CLUB**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS & INDEMNITY AGREEMENT**

**By signing this document, you are waiving certain legal rights, including the right to sue. PLEASE READ CAREFULLY!**

**P/G INITIAL:**

Child's First Name: _____	Child's Last Name: _____	(the "Minor")	
Age: _____	Sex: _____		
Parent/ Guardian First Name: _____	Parent/ Guardian Last Name: _____	(the "Parent/Guardian")	
Street: _____	City: _____	Province: _____	Postal Code: _____
E-mail Address: _____	Phone Number: _____		

**TO: Lethbridge & Area Recreational Hockey Club ("LARHC") and its officers, directors, agents, employees, sponsors, successors, assigns, and representatives and The City of Lethbridge (the "City") and its officers, directors, agents, employees, sponsors, successors, assigns, and representatives (collectively referred to as the "Releasees")**

**THE ACTIVITIES:** The LARHC facilitates a non-body contact hockey league for youth aged 4-17 (the "Youth League") in the City of Lethbridge and the City rents the Civic Ice Centre located at 905 6 Ave S, Lethbridge, AB T1J 4N9 (the "Facility") to LAHRC for the purposes of the hosting the Youth League. The Youth League may include activities such as, but are not limited to:

- hockey practices;
- hockey games; and
- skating;

which may vary in risk level and which will occur at the Facility. Participation in any of the activities is voluntary, and consent may be withdrawn at any time. All hereinafter collectively referred to as the "Activities".

**ASSUMPTION OF RISKS:** The Parent/Guardian understands and agrees that there are hazards and risks inherent with the Minor's participation in any of the Activities such as, but not limited to:

- collisions with objects or other participants;
- scrapes; bruises;
- muscle soreness;
- muscle fatigue;
- broken bones; other bodily injury;
- permanent disability, loss of life; or
- damage to the Parent/Guardian's or Minor's property.

The Parent/Guardian understands not all risks may be known but appreciate any of which could cause the Minor bodily injury, permanent disability, loss of life, or loss or damage to the Parent/Guardian's or Minor's property. The Parent/Guardian also knows it is their responsibility to ensure that the Minor has the ability and health to participate in any of the Activities and that the Parent/Guardian will review and assess the suitability of the Minor's participation prior to engagement in such. The Parent/Guardian further acknowledges and hereby accepts all risks and hazards associated with the Minor's participation in any of the Activities, inclusive of those due to **NEGLIGENT ACTS OR OMISSIONS OF THE RELEASEES, INCLUDING ANY FAILURE TO SAFEGUARD OR PROTECT THE MINOR FROM THE POSSIBILITY OF PERSONAL INJURY, DISABILITY, DEATH, DAMAGE TO PROPERTY OR LOSSES RESULTING THEREFROM.**

The Parent/Guardian acknowledges and accepts that they are responsible for the Minor's own health and dental insurance, personal property, liability for any injury, loss, or damage that the Minor may sustain or cause to others in the course of the Minor's participation in any of the Activities. The Parent/Guardian understands that the RELEASEES are not responsible for any loss, damage, or expense that the Parent/Guardian may incur as a result of the Minor's participation in any of the Activities.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:**

In consideration of the RELEASEES accepting the Minor's participation in any of the Activities, **I, THE PARENT/GUARDIAN, HEREBY AGREE:**

1. **I AM THE PARENT/GUARDIAN** of the Minor and I am executing this waiver on behalf of the Minor in my capacity as the Parent/Guardian of the Minor and with the intent that this waiver be binding on myself and the Minor for all legal purposes.
2. **TO WAIVE ALL CLAIMS, DEMANDS, SUITS AND ACTIONS** that I or the Minor, our heirs, successors, executors, administrators, representatives, and assigns may have against the Releasees for any personal injury, disability, death, property damage or loss arising directly or indirectly from the Minor's participation in any of the Activities;
3. **TO RELEASE THE RELEASEES** from all liability for any personal injury, disability, death, property damage or loss I or the Minor may suffer as a result of the Minor's voluntary participation in any of the activities, **FOR ANY CAUSE WHATSOEVER, including negligence or breach of contract or breach of any legal or statutory duty, on the part of the Releasees, including any failure to take reasonable steps to protect or safeguard the Minor from injury, disability, death or loss;**
4. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from all liability for any property damage or losses or injury to any third party resulting from the Minor's voluntary participation in any of the Activities;
5. **THAT IF ANY PORTION** of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect;
6. **THAT THIS AGREEMENT** shall be governed by and interpreted in accordance with the laws in the Province of Alberta; and
7. **THAT ANY LITIGATION** involving the parties to this Agreement shall be brought within the Province of Alberta and shall be within the exclusive jurisdiction of the Courts of the Province of Alberta.

**I, THE PARENT/GUARDIAN CONFIRM THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I AM AWARE THAT I AM WAIVING CERTAIN LEGAL RIGHTS AND THE LEGAL RIGHTS OF MYSELF AND THE MINOR, OUR HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNORS, AND REPRESENTATIVES. I CONFIRM I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO ACCEPTING IT, AND I AGREE TO BE BOUND BY ITS TERMS.**

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

Parent/Guardian Signature:

Witness  
Signature:

The LETHBRIDGE & AREA RECREATIONAL HOCKEY CLUB respects your privacy and protects your personal information. We collect your personal information in order to ensure your safety should an emergency arise and to better meet your needs within the Youth League. We do not rent or sell any personal information. We will not disclose your personal information to anyone else without your prior knowledge and written consent, except when required by a government body or agency, or as permitted by law. Questions related to the collection, use, or disclosure of your personal information can be directed to [admin@lethbridgerechockey.com](mailto:admin@lethbridgerechockey.com).