

NOVA SCOTIA BLIND HOCKEY

Any questions, please contact:

Ian Readey

Founder/Acting Group Leader : Nova Scotia Blind Hockey

902-576-5319 or 902-414-9205 - ianreadey@hotmail.com

2017-18 Registration Form: Athlete

| | |
|---|--|
| Date this form's being filled out: | |
| Athlete Name: | |
| Gender: | |
| Parent/Guardian Name(s): (if applicable) | |
| Date of Birth: (ex: June 1, 2016) | |
| Address: | |
| Email Address: | |
| Home Phone #: | |

| | |
|--|--|
| Cell Phone #: | |
| Do you require transportation to get to the arena? | |
| Are you able to provide transportation to get teammate(s) to the arena? | |

Any prior hockey/skating experience?:

| | |
|--|-------------------------|
| Athlete's height: | |
| Athlete's weight: | |
| Athlete's shirt size: | |
| Does the athlete have full hockey gear at this time?: | Yes: _____ No: _____ |
| Does the athlete know how to skate already?: | Yes: _____ No: _____ |

| | |
|--|---------------------------------|
| <p>Would the athlete be interested in a potential dryland training program to compliment our ice hockey program which would focus on developing general athletic skills/abilities etc...:</p> | <p>Yes: _____ No: _____</p> |
|--|---------------------------------|

I UNDERSTAND THAT IN THE EVENT OF AN INJURY REQUIRING MEDICAL TREATMENT AS DEEMED BY A DOCTOR, THE POWER OF CONSENT FOR THE DEEMED TREATMENT IS GRANTED TO A HEAD COACH, ASSISTANT COACH, TRAINER (if we have one) OR DIRECTOR MEMBER OF OUR CLUB. _____(initial)

I UNDERSTAND THAT IF THE ABOVE MENTIONED ATHLETE QUILTS AFTER NOVEMBER 15, 2017, THAT NO REGISTRATION FEE WILL BE REFUNDED. PRIOR TO THE ABOVE MENTIONED DATE, THE FEE WILL BE RECALCULATED BASED UPON THE ICE TIME AND INSURANCE EXPENSES INCURRED. _____(initial)

QUALIFIED DISCLAIMER:

Parents or Guardians for participants less than 19 years of age are asked to carefully read and acknowledge the following information. The text 'You' pertains reference to both child and guardian/parent recognizing the statement presented. This page must be signed prior to participation in the hockey program.

- You (both) agree that Nova Scotia Blind Hockey is not responsible for any bodily injury, loss or damage to personnel property suffered by the participant before, during or after the program.
- You (both) agree that in the event of emergency medical attention or emergency evacuation, you will not hold Nova Scotia Blind Hockey responsible for any costs arising out of any emergency situation.
- You (both) agree that intentional participant behaviour that puts them or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of the Nova Scotia Blind Hockey officials responsible for the safety of the team.
- You (both) agree that expenses incurred because of program dismissal will be the responsibility of the participant/parent/guardian.
- The safety of each individual is of the utmost importance to us and all the necessary precautions are taken prior to and during the program
- Nova Scotia Blind Hockey reserves the right to alter a program at any time without compensation of participants, parents, or guardians.

- You (both) agree that any hockey equipment issued out to an athlete that is to be used for the hockey program must be returned at request or at the end of the season. If equipment is misplaced or lost, the player/parent or guardian will have to reimburse the club for the full cost of the equipment.

Athlete Signature: (if aged 19 or over and legally allowed to sign)

Parent/Guardian Signature: (if applicable)

To adhere to existing Canadian Anti-Spam Legislation, please also sign below to consent to receiving email communications from us:

(signature of parent/guardian or athlete over age of 19 if legally allowed to sign)

PHOTO RELEASE:

I consent to the image of _____ (Print Name of Athlete) being posted to the Nova Scotia Blind Hockey website, Nova Scotia Blind Hockey social media, the Canadian Blind Hockey website & social media, and/or any other materials related to Nova Scotia Blind Hockey. I understand that this consent may be withdrawn by me/us at any time, upon written notice. In the event that consent is withdrawn, I understand that the pictures and/or video coverage of the above named athlete will be removed from our website, social media or other materials related to Nova Scotia Blind Hockey if possible. Removing photos posted by leagues/websites/news media etc... other than ours may not be possible however, depending on circumstances.

I have read, understood and agree to the Image Release:

_____ (initial)

Signature: _____

Date: _____