

ASTROLABE HOCKEY SCHOOL APPLICATION

Name: _____

Address: _____

Age: Dec. 31, 2010: _____

Telephone: _____

Email: _____

Division for 2010-11 Season (i.e., Peewee, Bantam) _____

Birth Date: _____ Category: A ___ B ___ C ___ D ___ F ___ G ___

Competitive (All Star) _____ House League _____

Location: _____ Petawawa -- CAC # _____

_____ Cobden

WAIVER CLAIM:

Acknowledging that ice-hockey and ringette are contact sports, I agree that the hockey school, its agents, servants and employees shall not be liable to me/my child for any injury or damage, howsoever caused, resulting directly from me/my child's participation in ice skating and ice-hockey, whether incurred on the ice or otherwise in or about the buildings at any time preceding, during or subsequent to the delivery of the instructional program and I hereby discharge the hockey school, its agents, servants and employees from all actions. Claims and demands I (my child) may have for any such injury and damage.

Signature: _____

FINAL REGISTRATION DATE : Petawawa – August 7, 2010

Cobden – August 31, 2010

METHOD OF PAYMENT:

All payments must be received in full by final registration date.

Post dated cheques must be dated no later than one (1) week before the beginning of the program

Cheques or money orders should be made payable to:

Astrolabe Sports & Fitness Consultants Ltd.

90 Main Street, Box 16, Cobden, Ontario K0J 1K0.

Health

___ Allergies ___ Asthma ___ Epilepsy ___ Diabetes

Other: _____

Applicants should indicate any former injuries, illness or allergies which may be affected by participation in this program.

Please include with this application a medical certificate or sign the waiver form below. I hereby choose not to submit a medical as to the best of my knowledge my child/I _____ is/am in good physical condition, and I agree to assume full responsibility for any health problems or injuries incurred during the program.

Signature of Parent or Guardian/Adult Participant

CONTACT IN CASE OF EMERGENCY

Name: _____

Telephone: _____