

NOTE: This form MUST be completed for ALL junior players 14 years of age wishing to PMHHA Senior Hockey



Junior Player Waiver and Liability Release Form

Players Surname:	Players First Name:	DOB:
Street Address:		
Parents/Guardian Names:	Parent/Guardian Contact Number:	
Parents/Guardian Email:		
Ambulance Cover: YES / NO	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 have read and understood the PMHHA policy on Juniors PLaying Seniors and 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 PMHHA Senior Hockey Competition. Accidents can and often do happen which may result in my child/ward being injured, or property being damaged.

Fitness to Participate: I declare that my child/ward is medically and physically fit and able to participate in the PMHHA Senior Hockey Competition. I will immediately notify PMHHA in writing of any change to my child/ward's medical condition, fitness or ability to participate. I understand and accept that PMHHA will continue to rely upon this declaration as evidence of my child/ward's fitness and ability to participate.

Medical Treatment: I consent to receiving any medical treatment that PMHHA representatives reasonably consider necessary during my child/wards participation in PMHHA Senior Hockey Competition. I also agree to reimburse PMHHA for any costs or expenses incurred in providing my child/ward with medical treatment.

☐ I acknowledge that I as the parent / care giver / guardian of the above mention child. I have read and understand this Waiver and Liability Release. I am waiving any right that I may have to bring legal action or assert a claim against PMHHA and/or persons or Sub-Committees.

Parent / Care Giver / Guardian Acknowledgement:

I have had sufficient opportunity to read this release of liability and acknowledgement of additional risk associated with my child playing Hockey in the PMHHA Senior Competition. I fully understand its terms and sign it freely and voluntarily without inducement of any kind. I have read the PMHHA Policy on Juniors Playing Seniors.

Parents Signature: _____ Date: ____/____/____

Club Acknowledgement: (signatory MUST not be related):

The additional risk with the above player has been assessed by our Club representatives, and we believe without bias or liability that the player **IS / IS NOT** ready to participate in PMHHA Senior Hockey Competition.

Club President / Vice Present Name & Signature: _____ Date: ____/____/____

PMHHA Approval: (signatory MUST not be related)

PMHHA Management acknowledges the above mentioned endorsements in reference to the player wishing to participate in the PMHHA Senior Hockey Competition. We believe without bias or liability that the recommendations given for the player to participate in PMHHA Senior Hockey **IS / IS NOT** warranted and therefore **APPROVED / NOT APPROVED** to do so.

PMHHA Executive Name & Position: _____

PMHHA Executive Signature: _____ Dated: ____/____/____