CITY OF PRINCE GEORGE

Adult Summer Ice Hockey League

Underage Participant Information and Waiver Form

Contact Information: Please complete all of the information requested below.

Parent/Legal Guardian Signature

Witness Signature _____

Team Name:					
Player's First Name	Player's Last Name				
Phone (Home)	Phone (Cell)				
Email					
Mailing Address			_Postal Code		
Birth Date (Month)	(Day)	(Year)*			
It is a condition of partic provided by or on behal					es,
					es,
that the parent/guardian					
property loss resulting f to by the negligence, bro					
OF PRINCE GEORGE, a	nd that the parent/gu	ıardian of aı	ny minor participant	t agrees that the	
CITY OF PRINCE GEOR conjunction with such p		ny loss, dar	nage, or injury resu	Iting from or in	
	•				
I consent to my child's par general liability waiver that					
aware that there are risks					

This form must be completed by a parent or authorized legal guardian and returned to the timekeeper prior to participation. Failure to do so will result in disqualification from the league. For more information please call 250-612-3933 or email at admin@recsms.com

kind that my child may have at any time arising from or related to participation in the Program

and I consent to my child's participation in spite of such risks. <u>I further agree to indemnify and save</u> harmless the City Of Prince George from any and all actions, claims, losses, damage or costs of any

Date _____