

Chris Finnerty Hockey School Registration Form

All Fields marked with a (*) are required

Player Information

Name: * _____

Address: * _____

City: * _____ Province: * _____

Postal Code: * _____ Phone: * _____ (Cell) * _____

Date of Birth: * _____ year. _____ month. _____ day Ht. _____ Wt. _____

Select your registration:

Regular Pricing: Drop In: \$40.00 () 5 sessions: \$190.00 () 10 Sessions: \$375.00 () 15 Sessions: \$500.00 ()

Please note: Pre-paid sessions can be shared among immediate family members. All unused sessions expire August 27, 2017 and are non-refundable.

Parent / Guardian Information

Primary Contact (Mandatory)

Name: * _____

Relation: * _____ Phone: * _____

E-mail: * _____

How did you hear about our hockey school? _____

LEGAL WAIVER- PLEASE READ CAREFULLY

I, the undersigned apply for registration of the above named player(s) in the programs of the Chris Finnerty Hockey School. In consideration for my participation, in the Chris Finnerty Hockey School (program), I hereby acknowledge and understand the serious inherent risks and hazards in the sport of ice hockey including, but are not limited to, injuries from collisions with the rink boards, hockey nets, and ice, all other human made objects, being struck by hockey sticks and pucks and physical contact with other participants, resulting in injuries to the eyes, face, teeth, head and other parts of the body, bruises, sprains, cuts, breaks, dislocations and spinal cord injuries. I freely accept and assume all such dangers and risks and the possibility of personal injury, property damage or loss resulting therefrom. I agree to waive any and all claims that I may have against the Chris Finnerty Hockey School, their directors, instructors, officers, employees, agents, representatives, and any volunteers in any way associated with the program. (all of whom are hereinafter collectively referred to as "the releasees"). I agree to waive any and all claims including the tort of negligence, breach of contract and I waive any liability for any loss, damage, injury or expense against the releasees that the registered participant(s) and/or the undersigned may suffer as a result of participation in the Chris Finnerty Hockey School. All players participating in the Chris Finnerty Hockey School must have an insurance plan such as OHIP or a Carte Santé du Quebec. Any medical condition or Injury must be cleared by a physician before participating. I certify that I have read, understand, and declare my Agreement with the foregoing declaration.

I acknowledge that I have read the terms of this Agreement, and understand that it represents a waiver of certain legal rights, including the right to sue which I or next of kin, executors, administrators and assigns may have against the release[e]s. I further agree that such limits are reasonable and sign this Agreement freely, voluntarily and without duress.

Signature: _____ Date: _____

(Parent/Guardian or Participant if over 18 years of age)

Participant's Name: _____ Date: _____

**Please pay by cheque or cash at arena. You can also pay by E-Transfer. Please email:
Keavin.finnerty@hotmail.com**