

## **Chris Finnerty Hockey School Registration Form**

**All Fields marked with a (\*) are required**

### **Participant Information**

Name(s): \* \_\_\_\_\_

Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ Province: \* \_\_\_\_\_

Postal Code: \* \_\_\_\_\_ Phone: \* \_\_\_\_\_ (Cell) \* \_\_\_\_\_

Date of Birth: \* \_\_\_\_\_ year. \_\_\_\_\_ month. \_\_\_\_\_ day Ht\*: \_\_\_\_\_ Wt\*: \_\_\_\_\_

**Early Registration Special: 5 sessions: \$190.00 ( ) 10 Sessions: \$350.00 ( ) 15 Sessions: \$450.00 ( )**

**Regular Pricing: Drop In: \$45.00 ( ) 5 sessions: \$210.00 ( ) 10 Sessions: \$385.00 ( ) 15 Sessions: \$500.00 ( )**

**Please note: Pre-paid sessions can be shared among immediate family members. All unused sessions expire August 31, 2018 and are non-refundable. If signing up for April Skills sessions: 4 April sessions for \$ 100.00 ( )**

### **Parent / Guardian Information:**

Name: \* \_\_\_\_\_

Relation: \* \_\_\_\_\_ Phone: \* \_\_\_\_\_

E-mail: \* \_\_\_\_\_

How did you hear about our hockey school? \* \_\_\_\_\_

## **LEGAL WAIVER- PLEASE READ CAREFULLY**

I, the undersigned apply for registration for myself if 18 or over, or I am the parent/guardian of the above-named participant(s) if under 18, in the programs of the Chris Finnerty Hockey School. In consideration for participation of the above-named participant(s), 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 ice, rink boards, hockey nets, and all other human made objects; being struck by hockey sticks and pucks, physical contact with other participants, resulting in injuries to the eyes, face, teeth, head and all other parts of the body, bruises, sprains, cuts, breaks, dislocations and spinal cord injuries which may render the above-named participant(s) permanently paralyzed. I freely accept and assume all such dangers and risks and the possibility of personal injury, death, property damage, legal expenses, medical expenses, or any and all loss resulting therefrom. I agree to waive any and all claims including but not limited to: the tort of negligence, intrusion upon seclusion, breach of contract, breach of statutory duty of care, breach of common law duty of care, negligent misrepresentation, innocent misrepresentation, and breach of the *Occupiers' Liability Act* of the Province of Ontario 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 Chris Finnerty Hockey School (all of whom are hereinafter collectively referred to as "the releasees"). I further waive any liability for any loss, prejudice, damage, injury, property loss, medical expense, legal expense, any and all expense against the releasees that the registered participant(s) and/or the undersigned or any other associated third party may or does suffer due to any cause whatsoever as a result of participation in the Chris Finnerty Hockey School. All participants must have a health insurance plan such as OHIP or a Carte Santé du Quebec in order to participate. Any medical condition or injury must be cleared by a physician before participating. Further, I acknowledge dates and times of scheduled sessions may change due to unforeseen circumstances. I also agree to not take a video and/or photo of skills sessions without written consent.

By signing below, I acknowledge that I have read, and understand the terms of this waiver and agreement. I understand that it represents a waiver of certain legal rights, including the right to sue which I, or the above-named participant(s), or my next of kin, executors, administrators and assigns may have against the releasees. I further agree that such limits are reasonable and sign this agreement and waiver freely, voluntarily, and without duress. I further acknowledge that I can seek independent legal advice in respect to this waiver and agreement. I agree that I am the full age of 18 years or I am the parent/guardian of the above-named participant(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of the Parent/Guardian or Participant if 18 years of age or older)

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please register by sending a completed and signed Registration Form and payment by E-Transfer to:**

**Keavin.finnerty@hotmail.com**

**Please do not hesitate to contact us, should you have any questions.**