

# Chris Finnerty Hockey School 2022 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 \_\_\_\_\_

**Pricing: \$40.00 per 1 hour session as a drop in- \$280 for 8 sessions paid in advance. All unused sessions expire at the end of August , 2022.**

## 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 voluntarily assume all risks related to exposure to COVID-19 by participating in the program. I acknowledge and recognize the inherent risk of exposure to COVID-19 that exists in any public place where people are present including in hockey arenas. Further, I ensure to follow any and all recommendations for physical and social distancing. If anyone does not follow rules of Minto SC, they will be asked to leave without any refund. I understand 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 or dead. 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 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 releases"). I further waive any liability for any loss, prejudice, damage, injury, illness, property loss, exposure to COVID-19, medical expense, legal expense, any and all expense against the releases 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 or be cancelled due to unforeseen circumstances. I also agree to not take a video and/or photo of skills sessions without written consent of the Chris Finnerty Hockey School. 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 releases. 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: \_\_\_\_\_