

PLAYER REGISTRATION FORM

Name:

(Last Name) (Middle Initial) (First Name)

Address:

(Street) (City) (Postal Code)

Birth: ___/___/___

DD MM YR

Player Telephone: Residence # _____
Cell# _____

Player Email Address:

Parent(s) or Guardian name(s) (UNDER 18):

Parent email: _____

Parent Telephone: _____

Health Card # _____

Position 1st Pref: _____ 2nd Pref: _____

Team Played With Last:

Year: _____

Height: _____ Weight: _____ Shot: Left _____ Right _____

Do you work: No ___ Yes ___ If yes:

Full---time ___ Part---time ___

School: _____

Grade Entering This Year: _____

RELEASE AND WAIVER:

In consideration of acceptance of this registration in the Cochrane Crunch Training Camp, I, for myself, my heirs, executors, administrators and assigns, release the Cochrane Crunch and its respective servants, agents or employees and all organizers, sponsors, representatives, of the Cochrane Crunch Training Camp and any other person or organization assisting in this event from any and all claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in a training camp notwithstanding any such loss, injury or damage that may have arisen by reason of the negligence of the Cochrane Crunch team or any other party above---mentioned. Without limiting the generality of the foregoing, I further release any recourse, which I may now or hereafter have resulting from any decision of the Cochrane Crunch team. I further state that the registrant is in proper condition to participate in this event and I am aware that participation could in some circumstances, result in physical injury. The registrant is attending this training camp of his own free will and has obtained permission, from the physician of choice to participate in the training camp. Permission for the free use of the registrant's name and picture in broadcasts, telecasts or written accounts of the events is hereby granted. Full particulars of any physical condition which may affect the registrant's health, ability or performance has been disclosed in writing to the organizers of this event.

Signature of Registrant

Signature of Parent or Guardian
(if 18 years of age or under)

Date _____

INDEMNIFICATION

In consideration of the Cochrane Crunch team accepting the written registration, I hereby agree to indemnify the Cochrane Crunch team its servants, agents and employees and all organizers, sponsors, representatives of the Cochrane Crunch team arising out of or in consequence of the attendance or participation of by the above named registrant in the Cochrane Crunch Training Camp.

Signature of Registrant

Signature of Parent or Guardian
(If 18 years of age or under)

Date: _____

Please Email your Application to: cochranecrunch@hotmail.com

Contacts: Ryan Leonard Phone #: (705) 257-0132