

Registration Form for Team Hockey or Figure Skating at Captain Tilley

Goulais Area Recreation Incorporated
R.R.#2, 592 Highway 552 West
Goulais River, Ontario
P0S 1E0

WINTER SPORTS REGISTRATION FORM

Parent/Guardian Name: _____
Participant's Name: _____
Address: _____
Phone #: _____ Date of Birth: _____
Emergency Contact & Phone #: _____
School Attended: _____ Health Card #: _____
Would you be interested in helping with a program? Yes ____ or No ____

ALL PROGRAMS ARE CO-ED

Programs start on the week of Sunday, January 8, 2017. *Weather Permitting

Programs	Age	Day	Time	Cost
Squirts Hockey	4 to 6	Monday	6pm to 7pm	\$25
Atom Hockey	7 to 9	Wednesday	6:30pm to 8pm	\$25
PeeWee Hockey	10 to 14	Tuesday	7pm to 8:30pm	\$25
Learn/Advance Skate	All Ages	Sunday	12pm to 1pm	\$25
Figure Skating	All Ages	Sunday	1pm to 2pm	\$25

- Full equipment is mandatory for all hockey programs which run weather permitting.
- Parents must accompany beginners on ice.
- There will be ZERO tolerance for unsportsmanlike behaviour.
- Photos will be taken on the third week of the program and the party will be on the last night of the program.

Please return registration form by December 16th to Mountain View School, Timberland General Store, Goulais River Country Store or Joseph's Homestead.

Payment must be made by first night of program (please make all cheques payable to: Goulais Area Recreation Inc.).

We do NOT have coaches for all of the programs at this time. If you are willing to volunteer your time to help coach one of these programs, please contact Melanie at 705-649-6258. Thank you.

The Goulais Area Recreation Inc. would like the community to know that we are committed to offering well organized, safe, winter sports programs with capable and dedicated volunteer coaches and instructors. Any questions, please contact Melanie at 705-649-6258. We appreciate any feedback.

Please send your comments to the G.A.R.I.

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the GOULAIS AREA RECREATION INCORPORATED athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS GOULAIS AREA RECREATION INCORPORATED, their officers, officials, agents and/or employees, other participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
PARTICIPANT'S SIGNATURE

X _____
WITNESS FOR PARTICIPANTS OF MINORITY AGE Date Signed
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____
PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE NUMBER

X _____
WITNESS Date Signed