

C.R.R.A. Mighty Mite Hockey

Please Print:

CHILD'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE: _____ ALT: _____

D.O.B (m, d, y): _____ AGE ON UPCOMING DEC 31st: _____

E-MAIL ADDRESS: _____

Guidelines, Consent and Release

I hereby give permission for my child/ward to play in the Current River Rec. Assoc. (C.R.R.A.) MIGHTY MITE HOCKEY Program during the season. I waive and release any and all rights and claims for damages that I may have at any time against C.R.R.A. Mighty Mite Program, C.R.R.A., or any of its members, executive, volunteers, representatives or anyone affiliated with the C.R.R.A. for any and all damages that may be suffered by my child/ward while participating in any hockey and related activities (on-off site practices) in the current calendar year.

Any and all participants registering in the C.R.R.A. Mighty Mite Hockey Program must not be registered or may not register in any other hockey league in Ontario during the season without the written approval of the C.R.R.A. Mighty Mite Convenor. This includes league tournaments, competitive and non-competitive organizations.

Rough play, stick infractions, unsportsmanlike conduct, foul language, verbal abuse of any official etc. will not be tolerated and will result in a suspension of playing privileges, coaching duties, manager duties, officials duties, or spectator privileges as deemed necessary by the Convenor, or governing body, the C.R.R.A Executive.

My signature below certifies that I have read the above and agree to follow said guidelines:

SIGNATURE: _____ DATE: _____

Brother/sister: _____

For Office Use only:

MEMBERSHIP: _____ REGISTRATION: _____ TOTAL: _____

Cash/Chq _____ Amt. paid: _____ DATE: _____ Amt. owing _____