

**KIRKLAND LAKE MINOR HOCKEY ASSOCIATION
2012-2013 Player Application Form**

Player Name: _____

Player Address: _____

Resident at the Above Address Since: _____ **Citizenship:** _____

Home Phone: _____ **E-Mail:** _____

Date of Birth (YY/MM/DD): _____ **Age:** _____ **Gender (circle one):** Male / Female

Level: _____ **Position (circle one):** Forward Defense Goalie

Last Year's Team: _____

Did you play for the Kirkland Lake Minor Hockey Association last year? YES / NO
(If no please fill out Minor Hockey Player Transfer form.)

Guardians' Names:(1) _____ (2) _____

Home Phone: _____

Work Phone: _____

EMERGENCY CONTACT: (if guardian not available)

Name: _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

Family Dentist: _____ **Phone:** _____

Please give details if any of the following categories apply to the above registered player.

Medications: _____ **Allergies:** _____

Medical Conditions: _____

Recent Injuries: _____

Additional Info: _____

Any medical condition or injury should be checked by your Physician before returning. I understand that it is **MY** responsibility to keep KLMHA and team management advised of any change in the above information ASAP. I also give permission that, in the event that no one can be contacted, the team management/trainer will take my child to the Hospital/MD if deemed necessary. I hereby authorize the Physician and Nursing staff to undertake examination, investigation and necessary treatment of my child.

Date: _____ **Signature of Guardian:** _____

KIRKLAND LAKE MINOR HOCKEY ASSOCIATION
Release and Waiver of Liability and Assumption of Risk Agreement,
Code of Conduct, and Media Release
2012-2013

Release and Waiver of Liability and Assumption of Risk Agreement

There is a potential risk in training and participation in any sport, and we have tried to create a safe environment. The staff has established rules for participation and proper conduct on or about the ice must be followed. I agree to abide by the rules of the Kirkland Lake Minor Hockey Association and the Northern Ontario Hockey Association.

I understand that the risks of participating include serious injury or impairment to the participant's body, general health, and well-being. Because of the dangers of participating, I recognize the importance of following the staff's instructions regarding techniques, training, and rules, and agree to obey such instructions.

I hereby voluntarily assume all risks associated with participation and agree to indemnify and defend the Kirkland Lake Minor Hockey Association, its officers, agents, servants, and employees, from any and all liability, claims, causes, or actions or demands of any kind and nature whatsoever, which may arise by or in connection with participation in the Kirkland Lake Minor Hockey Association.

The terms hereof shall serve as a release and assumption of risk for the participant's heirs, estate, executors, administrators, and assignees.

I assume any and all risks of personal injury and authorize a member of the Kirkland Lake Minor Hockey Association to contact a licensed physician to render any medical treatment that may be deemed necessary for the participant or to take and admit the participant to any hospital. If such medical treatment or hospitalization is required, I agree to pay all bills relating to medical treatment or hospitalization, permanent or partial disability, or death and damage to the participant and his/her property, caused by or arising from participation in the Kirkland Lake Minor Hockey Association.

The participant is in good health and has no physical condition that would prevent the participant from participation in any event or activity.

Code of Conduct

I am enrolling my child in the Minor Hockey program with the belief that it will result in a positive environment in which he/she will improve his/her hockey skills and develop a better sense of fair play and good sportsmanship. To help meet this goal, I pledge to conduct myself in such a manner as not to distract from the enjoyment that others may receive during the course of practices and games.

I understand that the men and women who have volunteered to coach my child are just that – volunteers. I pledge to be supportive of the coaching staff and not to undermine their efforts prior to, during, or after practices and games.

I acknowledge that without referees there would be no game and just as with hockey players, referees are not developed overnight. I pledge not to verbally abuse, insult, threaten, or intimidate the officials.

If I cannot control myself with regard to the above, I acknowledge and fully accept that I may be asked by team officials or a person in authority to vacate the arena.

Media Release

I give permission for my son/daughter to be photographed for the purpose of media coverage (newspaper and website) for the Kirkland Lake Minor Hockey Association. **YES / NO**

Player Signature: _____ Date: _____

Guardian Signature (if player is a minor): _____