

Victoria Cougars Junior Hockey Club 2016 Summer Ice Program



Registration Form

Please print clearly - You will receive an e-mail confirming your registration

Player name: _____

Father's name: _____ **Mother's name:** _____

Street: _____ **City:** _____

Postal Code: _____ **Telephone:** (H) _____ (C) _____

Family Email: _____ **Player Email:** _____

Date of birth: _____ **Height:** _____ **Weight:** _____ **Position:** _____ **Shoots:** _____

2015/16 team played for: _____

BC Medicare#: _____

Waiver clause:

In consideration of the benefit conferred on me by the granting of such request, I do hereby, on behalf of myself and my child, release and forever discharge the Victoria Cougars Hockey Club, and the Carding Association and their assistants, directors, servants, employees and voluntary workers, and each of them of and from all claims of whatsoever nature, past, present, and future, and whether involving negligence on their part or not, arising out of or in any way connected with the activities of the Victoria Cougars Hockey Club and the Carding Association, and its facilities or structures and I do hereby undertake to indemnify and save harmless the Carding Association, the said assistants, directors, servants, employees, and voluntary workers and each of them, in respect of each such claim, demand, action or cause of action as aforesaid.

Player's signature

Parent signature (if 18 or under)

Date:

Mail completed registration form, along with cheque for **\$175** payable to "Victoria Cougars Junior Hockey club" to:

Victoria Cougars Junior Hockey Club
185 – 911 Yates St., Suite 337
Victoria, B.C. V8V 4Y9

OR To pay by credit card please supply the following information:

Name on Card:

Card number:

Card type:

Expiry date: