

# Holiday Hockey Program

## *Participant Information*

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age Group: Group 1                      Group 2                      Group 3                      Group 4

Position: Forward                      Defence                      Goalie

Level: Local Youth Hockey (GGHA, Stanley Stick)      A                      AA                      AAA

## Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

In consideration of acceptance as a participant, we agree to release the Guelph Storm Hockey Club and the program and its employees from all claims, actions, causes of action, damages, and demands by the undersigned applicant, their guardians from loss or injury resulting directly from participation in the program. I hereby give my consent to any emergency facility and physician to transport by ambulance if the situation warrants it.

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Please contact Lisa Della Mattia, [ldellamattia@guelphstorm.com](mailto:ldellamattia@guelphstorm.com) with any questions or concerns.