



### NK Hockey Skills Development Program Registration Form

Name of Participant:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	Postal Code:
Name of Parent/Guardian:	Cell Phone:	Home Phone:
E-mail address:	Emergency Contact Name:	Emergency Contact Phone:
Allergies/Medical Conditions (if yes, please specify): <input type="checkbox"/> No <input type="checkbox"/> Yes		

Group sizes will be limited to 16 skaters per session.  
Full equipment is required for all participants.

January 7, 2025 to January 28, 2025

9 to 13 Years of Age	Birth Years 2011, 2012, 2013, 2014, 2015	Tuesdays 7:00 – 8:00 am	4 classes per session \$50.00 + HST	<input type="checkbox"/> \$56.50
Payment (No Refunds)	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	Staff Initials:

### NK Hockey Skills Development Program Waiver

Understanding that Ice Skating and Hockey can be a dangerous sport, and in consideration of the acceptance of my application and the permission to participate in the North Kawartha Hockey Skills Development Program, I, for myself, my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge the Corporation of the Township of North Kawartha, and all other associations, sanctioning bodies and sponsoring companies, and all their respective employees, volunteers, agents, officials, servants, contractors, representatives, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property howsoever caused, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

By submitting this entry, I acknowledge having read, understood and agreed to the above waiver, release, and indemnity. I Warrant that \_\_\_\_\_ is physically fit to participate in this event.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age, Parent or Guardian to sign below

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information is collected under the Municipal Freedom of Information and Protection of Privacy Act for the purpose of registration and participation in the Township of North Kawartha Sports Program.

### Photo Waiver

I, \_\_\_\_\_, hereby give permission for the Township of North Kawartha to use any photos taken of my child during this event in publications, Township website and/or Social Media applications.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_