

Township of North Kawartha Department of Parks and Recreation

280 Burleigh Street, PO Box 550, Apsley, ON K0L 1A0 Tel: 705-656-4445 | 1-800-755-6931 | Fax: 705-656-4446

www.northkawartha.ca

March Break 3-on-3 Hockey Tournament Registration Form

Name of Participant:		Date of Birth:		□ Male □ Female		
Address:		City:		Postal Code:		
Home Phone:		Cell Phone:		E-mail address:		
Name of Parent/Guardian:		Emergency Contact Name:		Emergency Contact Phone:		
Allergies/Medical	Conditions (if yes, pl	ease s	pecify): No Yes			
Team sizes will be based on registration numbers.						
	Fu		pment is required for March 11 to March 1		cipants.	
0.1.10			Monday to Thursday	4, 2024		
9 to 13 Years of Age	Birth Years 2010 to 2014		(inclusive) 1:00 – 3:30 pm	\$60	0.00 + HST	□ \$67.80
Payment (No Refunds)	□ Cash		□ Cheque		□ Debit	Staff Initials:
March Break 3-c	n-3 Hockey Touri	namer	nt Waiver			
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						
						participation in the said
By submitting this of I Warrant that	entry, I acknowledge	having			the above waiv ipate in this ever	er, release, and indemnity. nt.
Signature of Participant: If under 18 years of age, Parent or Guardian to sign below				ite:):	
				Date:		
	collected under the Munic nship of North Kawartha S		edom of Information and Propogram.	ection of Pri	ivacy Act for the purp	pose of registration and
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:			