

West End Children's Hockey Society

Consent and Waiver Form

PLAYER INFORMATION:

First Name: _____ Last Name: _____

Birthday (DD / MM / YYYY) : _____

EMERGENCY CONTACT INFORMATION:

First Name: _____ Last Name: _____

Home Address:

Email Address: _____

Phone: (Home): _____ Phone: (Cell): _____

Relationship to Participant: _____

PROTECTIVE EQUIPMENT:

The minimum required equipment is helmet, long sleeve jersey, gloves, elbow pads, stick and skates. We recommend that your children wear full hockey equipment. Please initial here: _____

PARENT / LEGAL GUARDIAN CONSENT:

I hereby grant _____ (child's name) permission to play hockey with the West End Children's Hockey Society (WECHS). I understand that there lies an inherent risk of injury due to the nature of the sport of hockey, and I assume all risk of injury that may result, at no fault of my child's, the board members of WECHS, volunteers, or the facility where the activity is taking place. I waive and release all right of claim for damages of any sort or any other claim or remedy of any sort that I or my child may have against WECHS, it's board members and volunteers, and I agree that this activity is suitable for my child.

Signature of Parent / Legal Guardian: _____

Please remain at the rink or ask someone to watch children for you. No parents on the ice please.

Email: WECHSociety@gmail.com
www.westendfamily.com