



MANNING VALLEY HOCKEY ASSOCIATION INC.

Junior Player Playing Senior Waiver and Liability Release Form

NOTE: This form **MUST be completed & approved each season for ALL junior players under the age of 15 years.**

Players Surname:	Players First Name:	DOB:
Street Address:		
Parents/Guardian Names:	Parent/Guardian Contact Number:	
Parents/Guardian Email:		
Ambulance Cover: YES / NO	Provider:	Provider Number:
Current Club:		
Current Age Division/Grade played:		
Age Group/Division requesting to participate in:		

In consideration of this application being accepted I acknowledge and agree that:

Warning: Hockey activities can be inherently dangerous. I acknowledge that my child/ward will be exposed to certain heightened risks during participation in MVHA Senior Hockey Competition. Accidents can and often do happen which may result in my child/ward being injured, or property being damaged.

Fitness to Participate: I declare that my child/ward is medically and physically fit and able to participate in the MVHA Senior Hockey Competition. I will immediately notify MVHA in writing of any change to my child/ward's medical condition, fitness or ability to participate. I understand and accept that MVHA will continue to rely upon this declaration as evidence of my child/ward's fitness and ability to participate.

Medical Treatment: I consent to my child/ward receiving any medical treatment that MVHA representatives reasonably consider necessary during my child/ward's participation in MVHA Senior Hockey Competition. I also agree to reimburse MVHA for any costs or expenses incurred in providing my child/ward with medical treatment

☐ I acknowledge that I am the parent / care giver / guardian of the above mention child. I have read and understand this Waiver and Liability Release. I am waiving any right that I may have to bring legal action or assert a claim against MVHA and/or persons or Committees.

Parent / Care Giver / Guardian Acknowledgement:

I have had sufficient opportunity to read this release of liability and acknowledgement of additional risk associated with my child playing Hockey in the MVHA Senior Competition. I fully understand its terms and sign it freely and voluntarily without inducement of any kind.

Parents Signature: _____ Date: ____/____/____

Club Acknowledgement: (signatory **MUST** not be related):

The additional risk with the above player has been assessed by our Club representatives, and we believe without bias or liability that the player is / is not ready to participate in MVHA Senior Hockey Competition.

Club President / Vice President Name & Signature: _____ Date: ____/____/____

Club Name: _____

Executive Approval: (signatory MUST not be related) The MVHA Executive acknowledges the above mentioned endorsements in reference to the player wishing to participate in the MVHA Senior Hockey Competition. We believe without bias or liability that the recommendation for the player is agreed, and is / is not ready to participate in MVHA Senior Hockey Competition.

MVHA Executive (Full) Name _____ Signature: _____

Board Position: _____ Date: _____

Last modified 29/02/2024