



Registration / Waiver Form

PLAYER INFORMATION			
Last Name:		First Name:	
Address:	City:	Province:	Postal Code:
Date of Birth:	Male / Female:	Position Preferences:	

GUARDIAN INFORMATION		
Last Name:		First Name:
Primary Phone Number:	Email:	Relation to Player:

Registration Agreement

I agree to abide by all rules and regulations set forth by "HOCKEY BALLE JUNIOR LAVAL". I represent that I am a parent/legal guardian to the participant and I agree and understand that all deposits and registration fees are non-refundable under all circumstances and there are no guarantees to the exact amount of time the participant will play per game. I understand that the HBVL will not reserve a place for any child on a team until full payment has been made.

I HAVE READ THIS REGISTRATION AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Initial _____

Liability Waiver

In consideration of being allowed to participate in any way in the HOCKEY BALLE JUNIOR LAVAL organization, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, the player knowingly and freely assumes all such risks, both known and unknown, even if arising from the negligence of the "releasees" or others, and assume full responsibility for my participation; and, The player willingly agrees to comply with the stated and customary terms and conditions for participation. If however the player observes any unusual significant hazard during my presence or participation, he will remove himself from participation and bring such to the attention of the nearest official immediately; and, The player, for himself and on behalf of his heirs, assigns, personal representatives and next of kin, hereby releases and holds harmless HOCKEY BALLE JUNIOR LAVAL, their officers, officials, employees, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), With respect to any and all injury, disability, death, or loss or damage to person or property, Whether caused by the negligence of the releasees or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Initial _____

PAYMENT INFORMATION	
Total registration fee = \$180.00 Payment Method: Check <input type="checkbox"/> Cash <input type="checkbox"/> Interac E Transfer <input type="checkbox"/>	
Credit card – Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/>	
Name on credit card _____ Credit card # _____	
Expiration date _____ CCV # (3 digits on back of card) _____	
_____ Month / Year	
I _____ authorized HBVL to charge my credit card for payment. Date _____	
Signature	
Checks payable to "Hockey balle junior laval". **Credit cards will be charged an additional \$8.00 processing fee. **	
Please send Interac E transfer to; info@hockeyballejuniorlaval.com – password to use - "hockey"	