***Riel Hockey Development***

***Waiver Form***

Player’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City (or Town) \_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code\_\_\_\_\_\_\_\_\_\_ Phone (H)\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_Cell.\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Sex M\_\_ F\_\_

Date of Birth D\_\_\_\_\_\_M\_\_\_\_\_\_Y\_\_\_\_\_\_ Height\_\_\_\_\_ Weight\_\_\_\_\_ Position\_\_\_\_\_

2023-2024 Classification (Please circle) AA, AAA, High School, Junior, Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manitoba Health # (9 digit personal #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Special Requests** (ie. Players you would like to play with, carpooling etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Health concerns** (ie.allergies, asthma. Injuries etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM CHOICES (Please circle):**

**1. Spring Skates East End CC Cost: $50.00 (GST inc)**

**2. Summer Program Dakota CC Cost: $1150.00 (GST inc)**

**3. U18 Female Camp Dakota CC Cost: $475.00 (GST inc)**

**4. U18 Prep Camp Dakota CC Cost: $210.00 (GST inc)**

**Riel Hockey Development Parental Consent and Waiver of Responsibility:** The applicant agrees that Riel Hockey Development and it’s instructional staff will not be held responsible for any accidents or loss of personal property, and agrees to release Riel Hockey Development from all claims or damages which may arise as a result of such accidents or loss.

**Consent to Collection, Use and Disclosure of Personal Information:** I understand that, by completing this Form, Riel Hockey Development is collecting certain personal information about my child, me and other members of my Family (including if necessary, my Manitoba Health Services Registration Number). I also understand that this personal information will be used only for the purpose of registering in Riel Hockey Development and that such use will necessarily involve the disclosure of this personal information to the appropriate medical staff in case of emergency, and Riel Hockey Development Staff and instructors as may reasonably be required in order to conduct the Riel Hockey Development Programs. I hereby consent to such collection, use and disclosure of this personal information.

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**