



Amherst Youth Ball Hockey Program

Registration Form 2022

Participants Name: _____ Pronouns: _____

DOB: _____ Address: _____

Town: _____ Postal Code: _____

Parent/Guardian Name: _____

Phone #: _____ Email: _____

Medical Conditions/Allergies: _____

Other medical, behavioral or physical conditions that would aid our staff/volunteers in working with your child:

Family Doctor: _____ Health Card: _____

***Please note staff/volunteers are not responsible for administering any medication.**

All players must wear hockey helmets with cage and gloves! Bring your own stick.

Goalies please bring your own goalie gear. Recommended equipment: running shoes, jock strap, shin and elbow pads. If you need assistance with equipment, please contact Allison at 902-694-0529, awatson@amherst.ca.

This Ball Hockey program will run on Tuesdays and Thursdays for 1-hour sessions, starting July 5 to August 5 at the Amherst Stadium. There are a minimum and maximum number of spots available.

Leagues will run as follows:

U9 9 – 10 a.m.
U11 10:15 – 11:15 a.m.
U13 11:30 a.m. – 12:30 p.m.
U15 12:45 – 1:45 p.m.



Wavier Agreement

Photo and Video Release: During this program, photos or videos may be taken for social media or marketing purpose. Please indicate whether or not you grant permission for photos and videos of your child to be taken and used for media/marketing purposes during this program.

☐ I give permission for my child's photo to be taken and to be recorded on video. Initial _____

☐ I do **not** give permission for my child's photo or video to be taken during the program.
Initial _____

Elements of Risk: Children will be participating in physical activity such as running, hockey drills and games, which contain certain elements of risk; such as scrapes, falls, and bruises. While participating in these activities, accidents may occur, resulting in injury to your child. By allowing your child to participate in the Amherst Ball Hockey program organized by the Town of Amherst, you are assuming the risk for any accident involving your child or any injury incurred by your child. By allowing your child to participate in sport activities, you have assumed the responsibility for any accident that may occur to your child. The Town of Amherst does not provide any accidental death, disability, dismemberment, or medical expenses insurance on behalf of the children or adults participating in these events.

Acknowledgement: I have read all of the above and verify all information on the form is correct; I understand that in participating in Amherst Ball Hockey Program activities, I am assuming the risk associated with doing so.

Parent/Guardian Signature

Date

I authorize the Town of Amherst to provide such medical care to the person(s) listed about as it may deem necessary in the event of injury or otherwise, and agree to pay for all expenses incurred thereby. In part of consideration of the Town of Amherst permitting me or the person(s) listed about to participate in the Town of Amherst Youth Ball Hockey Program, I agree to discharge and to indemnify and save harmless to the Town of Amherst from/against all claims or proceedings, by whomsoever made or brought, in respect of any costs, losses, damage, or injury arising by reason of my/their participation in such activities or by reason of the provision of medical care to me/them.