

**G.O.H.A. Application Form 2009/2010 Season**

Name:	
Address:	
City, Province, Postal Code:	
Home Telephone:	
E-Mail Address	
Birth Date:	
Division A or B?	
Did You Play Grimsby Oldtimers in 2008-2009	
Level of Experience:	
Position Preferred:	
Emergency Contact Person	

**THIS APPLICATION IS DUE NO LATER THAN APR. 24, 2009 AND MUST INCLUDE THE FOLLOWING BEFORE IT WILL BE PROCESSED:**

Cheque #1 Payable to G.O.H.A. Dated April 24, 2009 in the amount of \$150.00

Cheque #2 Payable to G.O.H.A. Dated September 19, 2009 in the amount of \$175.00

**VISORS ARE MANDATORY**

**Waiver**

I, \_\_\_\_\_ born on the \_\_\_\_\_ day of \_\_\_\_\_

19\_\_\_\_\_, presently age \_\_\_\_\_ years. Hereby acknowledge that I have undertaken a recent medical examination and have been deemed to be physically fit by a medical doctor allowing me to participate as a player in the Grimsby Oldtimers Hockey Association. In the alternative, I hereby deem that I do not consider it necessary to undertake a medical examination at this time and I agree to assume all risks relating to my failure to undertake such medical examination.

I hereby waive, release and forever discharge the Grimsby Oldtimers Hockey Association, its officers and organizers from any and all actions, claims and demands, by me, for damages, loss or injury, howsoever arising, which will heretofore, may have been or may hereafter be sustained by me in consequence of my participation as a player in this hockey association.

This waiver shall be binding upon me, my heirs and assigns forever.

In witness whereof I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 2009.

Witness:	Signature:
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Please Remit to Chuck Larson: 31 Book Road Unit 44 Grimsby, ON L3M 2M3. Tel: (905) 945-4213

[www.grimsbyoldtimers.com](http://www.grimsbyoldtimers.com)