

G.O.H.A. Application Form 2010/2011 Season

Name	
Address	
City, Province, Postal Code	
Home Telephone	
Email Address	
Birth Date	
Division A or B?	
Did You Play Grimsby Oldtimers in 2009-2010	
Level of Experience	
Position Preferred	
Emergency Contact Person	

THIS APPLICATION IS DUE NO LATER THAN APR. 23, 2010 AND MUST INCLUDE THE FOLLOWING BEFORE IT WILL BE PROCESSED:

Cheque #1 Payable to G.O.H.A. Dated April 24, 2010 in the amount of \$175.00

Cheque #2 Payable to G.O.H.A. Dated September 19, 2010 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 _____ 2010.

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