

# Kitchener-Waterloo Oldtimers' Hockey Club Inc. 2021-2022 Application Form

## Personal Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal: \_\_\_\_\_ Email #1: \_\_\_\_\_ Home: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Email #2: \_\_\_\_\_ Cell: \_\_\_\_\_

If you are a new player, do you know anyone in the league? Name: \_\_\_\_\_

Again for new players, please provide a brief summary in a cover note of past and recent experience with the game as this will be used to help the league to match you to a division on a combination of skill and age. As noted on our website, we are not set up to be a "learn to play" league, and we may need to reposition any player intra-season to make a better match to skill levels.

## Emergency Contact Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Registration

Status: Full Time  Pool Player  New Applicant?  or Returning Player?   
 Preferred Position: Center  R. Wing  L. Wing  R. Def  L. Def  Goalie   
 Division: A (60+)  B (55-65)  C (45-60)  D (40-55)  E (35-45)   
 Volunteer Assistance: Team Captain  Referee  Tournament Help  Committee   
 COVID-19 Vaccination:  Yes, I have, or will have by season start, received two doses of COVID-19 vaccination and I will provide evidence.

Please note: The league Executive will assign players to other than a requested division as may be necessary to balance numbers and skill across the league.

## Fees

### Mandatory Fees

Full-Time Player or Pool Player Moving to Full-Time Fee (includes \$45 non-refundable) **Must be paid by August 31** \$485 ( )  
 New Full-Time Player / Late Registration Payment for Returning Full-Time Player (includes \$45 non-refundable) \$520 ( )  
 Pool Player Registration Fee (non-refundable) – season per game fee is \$10 \$45 ( )

### Additional Fees. Optional for Pool Players

Sweaters (\$100 for two sets). Choose Size: M L XL XXL XXXL Goalie \$100 ( )  
 Socks (\$24 for two pair) \$24 ( )

### Total Amount Due (Sum of Applicable Items)

Example: New FT Players Fees Plus Sweaters/Socks \$644

### Payment Method

- 1) Interac E-Transfer ( ) Due by August 31, 2021 - Use your bank account E-transfer option to send your payment to : "payments@kwoldtimers.com" , and include your name in the text reference . If you use a Security question make sure the answer is "KWOHC".
- 2) Cheque Attached ( ) Postdated August 31 2021. Mail to address at bottom. Please ensure cheque shows full name of Club per below.

## First Aid

First Aid: Are you First Aid/CPR-AED certified – Red Cross or St. John Ambulance? Yes \_\_\_\_\_ No \_\_\_\_\_

Please submit the Application and signed Warranty/Consent on the next page. Omitting it may reject your application.  
 Mail Application, Warranty/Consent Form & cheque payable to "KITCHENER-WATERLOO OLDTIMERS' HOCKEY CLUB INC." to:  
**Don Herner, 23 Marketa Cres., Kitchener, ON, N2B3B5**  
 Where not paying by cheque, send by email a scan of both pages to [kwoldtimer@kwoldtimers.ca](mailto:kwoldtimer@kwoldtimers.ca).

# **READ BEFORE SIGNING**

## **WARRANTY AND CONSENT**

### **ASSUMPTION OF RISK RELEASE AND WAIVER OF LIABILITY INDEMNITY AGREEMENT**

**IN CONSIDERATION** of allowing me to participate in the programme, related events and activities of the **Kitchener-Waterloo Oldtimers' Hockey Club Inc.**

**I WARRANT TO YOU THAT:**

1. I am familiar with the risk of serious injury and death which any participant in this programme must assume, and
2. I believe that I am physically, emotionally and mentally able to participate in this programme, and that my equipment is mechanically fit for my use in this programme, and
3. I understand that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with me, and
4. I will immediately remove myself from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that I have experienced any deterioration in my physical, emotional or mental fitness for continued participation in the programme.

**I UNDERSTAND AND AGREE**, on behalf of myself, my heirs, assigns, personal representatives and next of kin, that my participation in this programme and execution of this document constitutes:

1. an unqualified ASSUMPTION OF ALL RISKS associated with participation in this programme by me even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the programme organizer and any persons associated therewith or participating therein, and
2. a FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the programme organizer and all persons and organizations associated with it and the programme including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the programme, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of myself in the programme, and
4. an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY PARTICIPATION IN THIS PROGRAMME.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I WOULD OTHERWISE HAVE.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
printed name of participant

\_\_\_\_\_  
DATE