

Kitchener-Waterloo Oldtimers' Hockey Club Inc. 2024-2025 Application Form

Personal Information

First Name: _____ **Last Name:** _____ **Birth Date:** _____
Address: _____ **Email Address:** _____ **Home Tel:** _____
City, Province: _____, _____ **Mobile Tel:** _____
Postal Code: _____

For new players:
 * Do you know anyone in the league? **Name:** _____
 * Please provide a brief summary of past and recent hockey experience. We are not set up to be a "learn to play" league.

Emergency Contact Information

Name: _____ **Home Tel:** _____ **Mobile Tel:** _____

Registration

Status: ___ Full Time ___ Pool Player ___ New Member ___ Past Member
Preferred Position: ___ Center ___ Winger ___ Defense ___ Goalie **Shoot:** ___ Left ___ Right
Position Comment: _____
Division: ___ A (60+) ___ B (55-65) ___ C (45-60) ___ D (40-55) ___ E (35-45)
Volunteer Assistance: ___ Team Captain ___ Referee ___ Tournament Help ___ Committee

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

Fees (Must be paid by July 15)

<u>Mandatory Fees</u>		
New Full-Time Player	(Registration Fee + Sweaters – specify your size below)	() \$680
Returning Full-Time Player	(Registration Fee)	() \$550
Pool Player Registration Fee	(During season, per game fee is \$15)	() \$30
<u>Equipment Purchases</u>		
(Home/Away Sweaters are mandatory for new full-time players)		
2 Sweaters [Home/Away] (\$130).	Choose Size: ___ M ___ L ___ XL ___ XXL ___ XXXL ___ Goalie	() \$130
2 Pairs Socks [Home/Away] (\$28)		() \$28
Total Amount Due (Sum of Applicable Items)		\$ _____
<u>Payment Method</u>		
1) () Interac E-Transfer: Due by July 15, 2024 - 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 July 15 2024. 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 fill in all of the requested information on this page. Then review & sign the Warranty/Consent on the next page. Omitting it may reject your application. Email your saved PDF to kwoldtimer@kwoldtimers.ca.

If paying by cheque make it payable to: "KITCHENER-WATERLOO OLDTIMERS' HOCKEY CLUB INC." and date it for July 15, 2024.

Printed forms and / or cheques can be mailed to: K-W Oldtimers, Kitchener Memorial Auditorium Complex, 400 East Avenue, Kitchener, ON, N2H 1Z6
Or dropped off at the customer service kiosk within the Kitchener Memorial Auditorium.

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.

E – Signature of Applicant

Date