



SENIOR FALCONS HOCKEY CLUB - Player Registration

WINTER 2026/27 (Oct 01/26 - Apr 30/27)

Name: _____

Wife's / Significant Other's Name: _____

Address: _____

City: _____ Postal Code: _____

E-mail: _____

Residence Phone: _____ Work / Mobile: _____

Birth Date – Month: _____ Day: _____ Year: _____

Emergency Contact Person: _____ Phone: _____

SENIOR FALCONS Fee Schedule

Full Winter Session	\$480.00	☐
Tuesday Only Session	\$240.00	☐
Thursday Only Session	\$240.00	☐
Casual Player (\$15.00 per outing)		☐
Goaltender (no charge for ice sessions)		☐
CARHA Insurance (REQUIRED FOR <u>ALL</u> * PLAYERS)	\$25.00	☐
Total:	\$ _____	

CARHA Insurance

Insurance through CARHA Hockey is mandatory for **ALL** players registering with the Senior Falcons Hockey Club. The fee paid will cover each player for a full calendar year, from **October 1, 2026** to **September 30, 2027**.

**If you have CARHA Hockey Insurance coverage through another organization, indicate Team name here:*

Senior Falcon Hockey Club Executives encourage all players to wear face protection, a full cage or visor. It is a player's responsibility to know the Team policy.

Cheques payable to: Senior Falcons Hockey Club **OR** e-Transfer to: seniorfalcons hockey@gmail.com



SENIOR FALCONS HOCKEY CLUB - RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT (hereinafter the "Release Agreement")

BY SIGNING THIS RELEASE AGREEMENT, YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT OR ILLNESS. *PLEASE READ CAREFULLY!*

I UNDERSTAND AND AGREE that physical activity may result in injury, that hockey is a particularly dangerous activity. Due to the nature of the game, minor injuries (such as bumps, bruises, scrapes, scratches, and soreness) are inevitable, more serious injuries (such as sprains and strains) are not uncommon, and there is the possibility of even more serious injuries (such as cuts, fractures, dislocations, torn ligaments, crippling or death). There is also the risk of contracting a communicable, potentially life-threatening, disease (such as MRSA, influenza, or COVID-19) from the activities associated with playing hockey. I acknowledge that it is my personal responsibility to consult with my physician and to follow any medical advice relating to my participation in this activity, and to immediately remove myself from participation and notify the nearest official, if I detect any unusual hazard or unsafe condition or if I feel that I am physically, emotionally, or mentally unfit for continued participation. I acknowledge that it is my personal responsibility to ensure adequate personal, medical, dental and accident insurance coverage, and to protect my personal possessions.

I ACKNOWLEDGE AND ACCEPT all the aforementioned and similar risks, dangers, and hazards associated with my participation in any event hosted or sponsored by the **SENIOR FALCONS HOCKEY CLUB**.

I WAIVE ANY AND ALL CLAIMS I have or may in the future have against **SENIOR FALCONS HOCKEY CLUB**., its coaches, officials, members, agents, directors, officers, employees and representatives, and other participants (all of whom are hereinafter collectively referred to as "Releasees"), **AND I RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in in any of the activities and/or programs offered by the Releasees, **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.**

IN ENTERING INTO THIS RELEASE AGREEMENT, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this agreement.

I HAVE READ AND UNDERSTOOD THIS RELEASE AGREEMENT AND I AM AWARE THAT BY SIGNING I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY NEXT OF KIN MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20____

Participant Signature: _____ Printed Name of Participant: _____

Witness Signature: _____ Printed Name of Witness: _____