

**Beaver Brae Secondary School Hockey Academy
Application Form**

PERSONAL INFORMATION

Full Name:

_____ *Last* _____ *First* _____ *M.I.*

Address:

_____ *Street Address* _____ *Apartment/Unit #*

_____ *City* _____ *Province* _____ *Postal Code*

Home Phone: _____ Business Phone: _____

Cell Number: _____ E-mail Address: _____

Birth Date:
(y/m/d)

_____ Current Grade: _____

OHIP # (Optional): _____ **OHIP Numbers are optional to collect and an optional field for this form**

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____

Street Address (if different from above): _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Signature of Parent/Guardian

Date

RECENT HOCKEY PLAYING HISTORY

Team Last Played For: _____

Level: _____ Position Played: _____

Coach: _____ Coach's Phone: _____

FUTURE HOCKEY/ACADEMIC GOALS

Please write a few sentences outlining your future hockey/academic goals

For use by BBSS

SIGNATURE: _____

Date Received: _____

Beaver Brae Secondary School Hockey Academy
Participation Agreement
FOR THOSE UNDER 18 YRS

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

Name of Participant: _____ **Age:** _____ **Date of Birth:** _____

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of The BBSS Hockey Academy, **I ASSURE TO YOU THAT:**

1. I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.
2. I believe that my child/ward is physically, emotionally and mentally able to participate in the programs, activities and events of The BBSS Hockey Academy.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to hockey. The risks and hazards include, but are not limited to injuries from:
 - a. Executing strenuous and demanding physical techniques in hockey;
 - b. Dryland training including weights, running and fitness testing;
 - c. Vigorous physical exertion and strenuous cardiovascular workouts;
 - d. Exerting and stretching various muscle groups; and
 - e. Travel to and from events and associated non-competitive events which are an integral part of the programs activities.
4. Furthermore, I am aware that my child/ward may:
 - a. Sustain injuries in hockey that can be severe, cause spinal cord injuries and even be fatal;
 - b. Experience anxiety while challenging himself during the activities, events and programs;
 - c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - d. Risk of injury is reduced if he follows all rules established for participation; and
 - e. Risk of injury increases as he become fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. I agree that there are risks in hockey as described above and my child/ward will be exposed to these risks and hazards.
7. I agree to accept all these risks and hazards and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.

I ACKNOWLEDGE MAKING THIS AGREEMENT

By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this Legal Agreement even if you have not read the agreement

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date