

Viking Christian Hockey League

2020-2021 Registration and waiver form



Registration and Consent Form

Participant's Name _____ Date of Birth (M/D/Y) ____/____/____

Address _____ Phone Number _____

Parent/Guardian's Name(s) _____

Would you like to receive a weekly schedule update text? _____ Cell Number _____

Allergies/Medical concerns:

Other concerns we need to be aware of

Consent:

I/We the parent's or guardians named above, authorize the Viking Christian Hockey representatives to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/We, the parent's or guardians named above, undertake and agree to indemnify and hold blameless the Viking Christian Hockey League, Viking Alliance Church, the Western Canadian District of the Christian and Missionary Alliance and any of their representatives from and against any loss, damage, or injury suffered, including COVID 19 by the participant as a result of being part of the Hockey League, as well as of any medical treatment authorized by the supervising individuals representing the church.

I have read , understood and agree with the above and sign it to cover only the registrants participation in VCHL activities both and the Viking Carena Complex and other activity locations.

Signature _____

Date _____