



Winter 2017-18

I Participant Form

First Name: _____ Last Name: _____

Email: _____ Date of Birth : yy _____ mm _____ dd _____

Contact no. (Home) : _____ (Mobile) : _____

II. League Application

	Winter League Season 2016-17	Division(s)	Amount Paid / \$230 by Oct 31	Cash/Check/CC/Paypal
	LEAGUE DRAFT	40 and Over		
		Middle Div 3		
	LEAGUE DRAFT	Lower Div 4		
4		Novice Div 5		

Friends / Team I would like to play with:

III. Emergency Contact

Name: _____ Relationship: _____

Contact No. : _____ Mobile Phone No. : _____

IV. Enrolment \$220 by October 30th 2017

Payment can be made by cash, checks ***payable to Arch Hockey***

Payments can be made through PayPal to tom@archhockey.com

League Fees \$250 after October 30th

Mail Forms and/or Check Payable to Arch Hockey

***Thomas R Barnes
c/o Arch Hockey
13014 Mason Estates Ct
St.Louis MO, 63141***

V. General Guidelines for Players

1. Players are required to wear full hockey equipment, including a half or full visor / cage.
2. We highly recommend a helmet with a visor or full cage.
3. League fees are non-refundable or transferrable, except by league approval.
4. Games may be cancelled and / or rescheduled in the event of inclement weather.

VI. Disclaimers and Declarations

With your signature below, you are affirming the following:

- I hereby declare that I have reached 18 years of age.
- I agree to the terms and conditions set forth in the ARCH HOCKEY LIABILITY WAIVER AND ASSUMPTION OF RISK AGREEMENT, and that I will formally execute said AGREEMENT prior to participating in any Arch Hockey Programs.
- I hereby declare that I am healthy, physically fit and suitable to participate in the activity.
- I hereby agree to abide by all rules and regulations of Arch Hockey and affiliated rinks.
- I understand that the sport of Ice Hockey comes with inherent risks of injury or death, and that I am voluntarily assuming all of these risks, known and unknown.
- I agree that Arch Hockey and affiliated rinks shall not be liable for any injury, death, loss or damage I may suffer in this activity.
- I agree to authorize Arch Hockey to use my portrait, voice and personal information as the purpose of promotion without further examination.
- I hereby declare that I have my own personal health insurance.

VII. Remarks

1. Please read carefully the Registration Information before your enrolment.
2. Since accidents may occur during all recreational activities, interested parties should therefore take the above into full consideration before enrolment.
3. Personal data collection statement: The personal data provided on this form will be used for the purpose of processing your application for the stated event.

Health Insurance Company Name

Policy # _____

Player Signature

Date: _____

FOR OFFICE USE ONLY :

Received by : _____

Received date : _____

Confirmed by : _____

Confirmed date : _____

Payment Method : _____

Payment Date : _____

Received By : _____