

## GRIT ATHLETICS BALL HOCKEY LEAGUE

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medicare #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Preferred: \_\_\_\_\_

Method of Payment: Cash / Check / E-Transfer

Are you interested in Coaching? Yes / No Name: \_\_\_\_\_

### WAIVER OF LIABILITY

In consideration of this application to the Grit Athletics Ball Hockey League,

I, \_\_\_\_\_ the parent/ legal guardian of \_\_\_\_\_ our heirs, executors, administrators, successors and assigns waiver and release any and all rights and claims for damages we have or may have against the Grit Athletics Ball Hockey, volunteers, directors, agents, or their representatives, successors and assigns for any and all injuries, accidents, mishaps or illnesses which may directly or indirectly result from ay participation in the programs offered by the Grit Athletics Ball hockey league.

I, the undersigned, the parent/ legal guardian, have read this waiver and understand the terms and I acknowledge and agree to the terms stated therein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Legal Guardian