



PLAYER REGISTRATION FOR TRACH CAMP

PLAYER INFORMATION

Name:		Age:
Date of birth:	Health Card #	Phone: (306)
Current address:		
City:	Province: SK.	Postal Code

HOCKEY EXPERIENCE

Current Division:
Position:

EMERGENCY CONTACT

Name of an Emergency Contact		
Address:		Phone: (306)
City:	Province: SK.	Cell Phone (306)
Relationship:		

MEDICAL INFORMATION

Name of Family Physician		
Preferred Hospital		Parents Name(s):
Phone:		
City:		
Allergies or Medical Information		
Medication Name and dose		

PLEASE INFORM US OF ANY OTHER VITAL INFORMATION YOU THINK WE MAY NEED TO KNOW ABOUT. THANK YOU.

JRMCC Waiver Form:

INDIVIDUAL RELEASE, INDEMNIFY AND HOLD-HARMLESS AGREEMENT

I understand that my participation in the said _____ Trach Powerskating Camp _____ held at
(Name of Activity/Event)

_____ Jonas Roberts Memorial Community Centre (JRMCC) Arena _____, La Ronge, SK which is
(Name of Venue/Location)

organized by Kevin Roberts and Jordan Trach and/or associates and is to be held on October 14-15,
2023 _____,
(Name of Individuals/Groups) (Date)

involves a certain degree of risk that could result in injury, death or loss or damage to person or property. After carefully considering the risks involved, I hereby agree to release, indemnify, hold harmless and waive the organizers from and against all and any future or potential lawsuits, claims, demands, actions, liens, rights, debts, liabilities, judgements, costs and fees, associated with this activity which I may have against JRMCC (Jonas Roberts Memorial Community Centre), its employees and volunteers, including Kevin Roberts and Nichole Charles.

Name of Participant (please print): _____

Signature: _____

Date: _____

Media/Photo Waiver:

I hereby authorize and give my full consent to JRMCC Sports & Recreation to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while in the facility during the above noted event.

Name of Participant (please print): _____

Signature: _____

Date: _____