

DOUBLERINK WINTER LEAGUE 2008 - 2009

TEAM APPLICATION FORM

TEAM SIGN UP MENS - \$4950.00 GST inc. INDIVIDUAL SIGN UP – \$ 370.00 GST inc.

TEAM NAME _____ DIVISION (A, B OR C) _____

TEAM REP _____

HOME PHONE _____ BUSINESS CELL _____

ADDRESS _____ APT. _____

CITY _____ POSTAL CODE _____

DAY PREFERRED _____ 2ND CHOICE _____

All players must turn 19 years of age before April 30, 2009

INDIVIDUAL APPLICATION FORM

NAME _____

HOME PHONE _____ BUSINESS CELL _____

ADDRESS _____ APT _____

CITY _____ POSTAL CODE _____

DAY PREFERRED _____ 2ND CHOICE _____

All individuals must turn 19 years of age before April 30, 2009

RELEASE, WAIVER AND CONSENT

Neither the Hamilton Doublerink Hockey League, nor the league officials, nor the team representatives, nor the on-ice officials will be held responsible for any injuries and or loss of property, or any and all actions, claims and demands during the entire league schedule. The undersigned hereby acknowledges the absolution of the league, league officials and the employees of the league of all responsibilities. The undersigned also authorizes the Hamilton Doublerink Hockey League, or representative, to seek and acquire any necessary medical aid, care or attention that may be required by any of the team participants as a result of any accident or injury that may be sustained by team participants. All teams may be required to play 6 games on an off night.

I have read and acknowledge that all team members are aware of and agree to the above.

SIGNATURE _____ (Team Representative/Individual)

DATE _____

LEAUGE REPRESENTATIVE _____