



GOULBURN HOCKEY ASSOCIATION.



Junior Player Playing Mixed Under 18 Liability Release Form

NOTE: Must be completed by **ALL** players who wish to play up from U13 to U18

Players Surname:	Players First Name:	DOB:
Street Address:		
Parents/Guardian Names:	Parent/Guardian Contact Number:	
Parents/Guardian Email:		
Ambulance Cover: YES / NO	Provider:	Provider Number:
Current Club:		

In consideration of this application being accepted I acknowledge and agree that:

Warning: Hockey activities can be inherently dangerous. I acknowledge that my child/ward will be exposed to certain heightened risks during participation in GHA Competition. Accidents can and often do happen which may result in my child/ward being injured, or property being damaged.

Fitness to Participate: I declare that my child/ward is medically and physically fit and able to participate in the GHA U18 Mixed Junior Hockey Competition . I will immediately notify GHA in writing of any change to my child/ward’s medical condition, fitness or ability to participate. I understand and accept that GHA will continue to rely upon this declaration as evidence of my child/ward’s fitness and ability to participate.

Medical Treatment: I consent to my child/ward receiving any medical treatment that GHA representatives reasonably consider necessary during my child/ward’s participation in GHA Mixed Junior U18 Competition.

I acknowledge that I am the parent / care giver / guardian of the above mention child. I have read and understand this Waiver and Liability Release. I am waiving any right that I may have to bring legal action or assert a claim against GHA and/or persons or Committees.

Parent / Care Giver / Guardian Acknowledgement:

I have had sufficient opportunity to read this release of liability and acknowledgement of additional risk associated with my child playing Hockey in the GHA U18 Mixed Junior Competition. I fully understand its terms and sign it freely and voluntarily without inducement of any kind.

Parents Signature: _____ Date: ___/___/___

Club Acknowledgement: (signatory MUST not be related):

The additional risk with the above player has been assessed by our Club representatives, and we believe without bias or liability that the player is / is not ready to participate in GHA U18 Mixed Junior Hockey Competition.

Club President / Vice President Name & Signature: _____ Date: ___/___/___

Club Name: _____

Executive Approval: (signatory MUST not be related) The GHA Executive acknowledges the above mentioned endorsements in reference to the player wishing to participate in the GHA U18 Hockey Competition. We believe without bias or liability that the recommendation for the player is agreed, and is / is not ready to participate in GHA U18 Mixed Junior Hockey Competition.

GHA Executive (Full) Name _____ Signature: _____
Board Position: _____ Date: _____