



REGISTRATION FORM FOR 2021 FALL CLASSES

Player's Name: _____

Parent(s) Name(s): _____

Address 1: _____

Address 2: _____

City: _____ Prov: _____

Postal / Zip Code: _____ Country: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pref method of contact: Home Work Cell

Email Address: _____

Current Team: _____ Level: _____

Age Group: _____

2021 FALL CLASSES

MONDAYS Small Groups (Max 8 skaters) \$Please Call
September 20 - December 13, 2021 (12 weeks) (Excl: Oct 11)
 3:30 - 4:30pm

TUESDAYS Small Groups (Max 9 skaters) \$Please Call
September 21 - December 14, 2021 (13 weeks) (Excl: None)
 3:30 - 4:30pm

WEDNESDAYS Skills and 3 on 3 (Max 16 Skaters) Ages 2009 - 2012 AA & AAA) \$Please Call
September 22 - December 15, 2021 (13 weeks) (Excl: None)
 4:30 - 6:00pm

FRIDAYS Small Groups (Max 9 skaters) \$Please Call
September 22 - December 15, 2021 (13 weeks) (Excl: Oct 22, Nov 5, Dec 3)
 3:30 - 4:30pm

FRIDAYS Powerskating, Skills & Game Situation - Ages 2011 - 2014 (Max 16 skaters).. \$Please Call
September 24 - December 17, 2021 (11 weeks) (Excl: Oct 22, Dec 23)
 4:30 - 5:30pm

Please make your cheque payable to Pro Star Hockey School Inc. and mail this form and your payment to:
 The Sports Village c/o Pro Star Hockey School Inc.
 2600 Rutherford Rd, Vaughan, Ontario, L4K 5R1

If you have any questions, please contact us;
 By Phone: 905-738-7574 Ext 282
 By Email: info@prostarhockeyschool.com
 On-Line: www.prostarhockeyschool.com

SUB TOTAL _____

+ 13% HST _____

TOTAL _____

Please complete and include the attached waiver form.



Pro Star Hockey School

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the _____ athletic/sports program, related events and

(Name of Organization) activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS _____ their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE

Date Signed:

WITNESS

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE NUMBER

WITNESS