

ALBERTA ROCKIES CENTENNIAL HOCKEY LEAGUE LTD.

ARCHL WAIVER FORM

***INDIVIDUAL PLAYER REGISTRATION
INFORMATION***

Please Print. Fill out and mail with registration deposit.

TEAM NAME: _____

Players Name: _____

Street Address: _____

City/Postal Code: _____

Home/Work/ Phone Number (circle): _____

Day/Night/Cell/ Phone Number (circle): _____

Fax Number: _____

E-mail address: _____

Identification Verified:

I HEREBY AGREE to abide by the rules and regulations of Alberta Rockies Centennial Hockey League (hereinafter called ARCHL), and to participate in the events, activities and programs sanctioned by ARCHL in accordance with the League's Rules and Regulations.

IN CONSIDERATION OF ARCHL acceptance of me as a registered player and my being permitted to take part in the league's events, activities and programs, I hereby, for myself, my heirs, executors, administrators and assigns, forever release and forever discharge and hold harmless its directors, officers, employees, representatives, volunteers or agents.

Date: _____

Name: _____

D. O. B.: _____

Signature: _____

All registrants **MUST** be 19 years of age or over.

This waiver form must be completed and signed when registering.
All waiver forms remain with the Club Executive.