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PLAYER REGISTRATION 2011-2012
Saturday Nights - 21 Sessions

토요일 밤 하키프로그램

October 15, 2011 to March 31, 2012

(No hockey - December 24, 31, February 4, March 17)

PAYMENT PLANS:

1 ½ Hour Program: One Player: \$435.00 Each Additional Siblings: \$400.00
Jersey included ***2nd player must be a sibling***(\$35 discount for early registration)

Pay as Go Players: \$35 Jersey Not Included

Please fill in missing information beside the printed information

Player's Name :	Birth Date: DD ___ / MM ___ / YR _____
Full Address:	Level of Play:
City:	Home Phone:
Postal Code:	E-mail Address:
Father's Name	Mother's Name:
Business Phone:	Business Phone:
Health Card #:	Emergency Contact/Phone

Indemnity, Authorization and Acceptance

In consideration of accepting the above-mentioned person, I grant permission for him/her to participate in the KCHA Hockey Program.
For Participants of Minority age: This is to certify that I, as parent/legal guardian for this participant do consent and agree to his/her release as provided on this form, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify Korean Canadian Hockey Association from any and all liabilities incident to my minor child's involvement or participation in the program(s) as provided.

Name of Parent or Guardian: _____ **Signature Parent/Guardian** _____

Date: _____

Waiver and Release of Liability: In consideration for being allowed to participate in the KCHA Hockey Program and related activities, the I acknowledge and agree that (1) The risk of injury for the activities involved in this program is significant , and while particular rules, guidelines, equipment, and personal discipline may reduce risk, the risk of serious injury does exist: and (2) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby forever release and hold harmless Korean Canadian Hockey Association, their officers, officials, coaches, managers, instructors, agents and/or employees, sponsoring agencies, sponsors, advertisers and if applicable, tournament organizers, game organizers, game officials, owners and lessors of premises used to conduct the program with respect to any and all injury, disability, death, or loss or damage to person or property: and (3) In case of a medical emergency, I give permission for Korean Canadian Hockey Association to seek medical attention for my child, if parent/legal guardian is absent.

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Date Received: _____ / _____ / **2011 Amount Paid:** _____ **Returning Player:** Y N

Accepted and Recorded by: _____ **Jersey #** _____

KOREAN CANADIAN HOCKEY ASSOCIATION



번역

Indemnity, Authorization and Acceptance

보장, 인증 그리고 수락 (허가)

위의 언급한 사람의 수락을 고려하여 본인은 이 학생이 KCHA (한인 하키협회) 하키 프로그램에 참가하는 것을 승낙, 허가합니다.

미성년 참가자를 위하여: 본인은 부모/보호자로서 본인, 상속, 혈연 가족이 서류에 제공했듯이 참가자의 책임 면제를 승락, 동의를 증명합니다.

본인은 KCHA (한인 하키협회) 로 부터 일어나는 어떤, 모든 부수적 사고의 책임을 면제함을 동의 합니다.

기권, 책임 면제: 참가자의 KCHA 하키 프로그램과 관련된 활동에 허락을 고려하며 인정, 동의 합니다.

1. 이 프로그램중에는 심각한 부상이 존재할수이고 이러한 위험은 어떤 규율, 지침, 장비 그리고 개인의 단련으로써 줄일 수 있습니다.
2. 본인은 본인 그리고 상속, 혈연관계를 대신하여, 하키협회 (KCHA), 직원, 코치, 매니저, 감사, 대리, 고용인, 후원자, 광고인 그리고 또 적용할수 있는 시험 주체자, 경기 주체자 직원, 주인, 임대인, 프로그램을 관리하는 모든 이에게, 사람이나 건물에 가하는 어떤, 모든 부상, 불구, 사망 또는 분실, 손해를 책임 면제 합니다.
3. 비상 의약시에 본인은 부모/보호자 부재중 참가자에게 KCHA (하키 협회) 가 의약 도움을 줄수 있도록 허락합니다.

재 캐나다 한인 아이스하키 협회
KOREAN CANADIAN HOCKEY ASSOCIATION