LADIES SUMMER HOCKEY LEAGUE - WINTER SEASON

2009 – 2010 WEDNESDAY NIGHT APPLICATION FORM

NAME: _____ TEAM (If known): _____

MAILING ADDRESS: _____ CITY: _____

POSTAL CODE: _____ YEAR OF BIRTH: _____

TELEPHONE #: **Home:** _____ **Work:** _____ **Cell:** _____

E-MAIL ADDRESS: _____

OPT OUT - ☐ I DO NOT want my phone number/email address to be provided to my teammates.

Please circle one of each of the following:

Division Preferred: **"B" Slapshot (Higher)** **"C" Slapshot (Lower)**

Position Preferred: **Goal** **Defense** **Forward**

Rate Yourself: **1 2 3 4 5 6 (Being Best)**

Have you ever played in the LSHL before? YES NO

If No, please provide highest level of hockey played: _____

Please list any players that you would like to play with this year: _____

LSHL REMINDERS:

- All players and coaches must register by completing an Application Form, **prior** to participating.
- Teams **may not borrow players** from another team, with the exception of a goaltender. If a player who is not registered with a team participates in the game, the offending team will forfeit the game by a score of 3-0. Individual goals and assists will not be credited, however, penalty minutes will.
- Any player who participates on a team other than the one that she is registered with will be suspended for a minimum of one game.
- Any team whose penalty minutes exceed 100 will be issued a warning. If the penalty minutes reach 130, a $50 fine will be assessed to the team.

WAIVER AND RELEASE OF LIABILITY: In consideration of your acceptance of my application, I, the undersigned, who is about to participate in the Ladies Summer Hockey League - Winter Season, agree to abide by the Rules & Regulations set forth. I hereby acknowledge these Rules & Regulations are available upon request. I recognize and expressly accept the risks and responsibilities inherent in the sport of Ice Hockey, and willingly accept such risks with the understanding that insurance, including **OWHA insurance, is not provided**! This is intended to be a complete and full release, waiver and relinquishment, giving up, forgoing and discharging any and all claims or damages of any kind, character or description against the Ladies Summer Hockey League or Westwood Arenas and any of its agents, employees or others acting on its behalf as might arise during my participation in the Ladies Summer Hockey League – Winter Season.

*****I have read and understand the above and voluntarily agree to the terms of this release and specific assumption of risk and so indicate by signing and dating this release in the place indicated below.

***** _____ _____

Signature of Applicant Date

***** _____ _____

Signature of Parent/Guardian Date

(If applicant is under 18 years of age)

All games are at Westwood Arenas on Wednesday Nights from October 7, 2009 to March 2010. Start times for the games are between 8:30 PM and 10:30 PM. Please send this form, along with your cheque (which can be post-dated for Oct 1st) in the amount of $385, payable to the "Ladies Summer Hockey League", to 24 Greenbriar Road, Brampton Ont. L6S 1V6. Register now to avoid disappointment. For more information, call Laura at (905) 790-0911.

THE L.S.H.L. RESERVES THE RIGHT TO REFUSE THE APPLICATION OF ANY PLAYER