



# LADIES SUMMER HOCKEY LEAGUE

## SUNDAY NIGHT LEAGUE

### 2010 INDIVIDUAL APPLICATION FORM

NAME: \_\_\_\_\_

TEAM (If known): \_\_\_\_\_ YEAR OF BIRTH: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_

CELL PHONE#: \_\_\_\_\_

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:**

<b>DIVISION:</b>	“A”/“BB” Slaphot	“B” Slapshot	“C” Slapshot			
<b>Position Preferred:</b>	Goal	Defense	Forward			
<b>Rate Yourself:</b>	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: \_\_\_\_\_

**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, agrees to abide by the Rules & Regulations set forth. I hereby acknowledge that I have read these Rules & Regulations which are available on the website ([www.lshockeyleague.com](http://www.lshockeyleague.com)) or upon request, and, that I understand that aggressive behaviour and poor sportsmanship will not be tolerated.

I recognize and expressly accept the usual dangers and risks inherent in the sport of Ice Hockey, and willingly accept such risks with the understanding that **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 Chesswood 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.

\*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  
(If applicant is under 18 years of age)

\_\_\_\_\_  
Date

**Register early to avoid disappointment** by sending your cheque, which may be post-dated up until May 1<sup>st</sup> 2010, in the amount of \$225 and payable to “Ladies Summer Hockey League”, along with this Application Form, to 24 Greenbriar Road, Brampton, L6S 1V6. For more information, call Laura at (905) 790-0911.

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