



T.G.H.A. 2008-2009 REGISTRATION FORM



Player Info:

Name: _____ Address: _____

City: _____ Postal Code: _____ Date of Birth: _____ (MM/DD/YYYY)

Phone (Home): _____ Phone (Work): _____ Cell Phone: _____

Email: _____ Is it OK to send detailed messages (Y/N) _____

Hockey Experience:

When did you last play hockey? _____

If you last played hockey as a youth, what was the **highest** level that you played? (*Check one*)

House League Select Competitive (A-AAA) Junior C or higher

Preferred Position(s): (Indicate up to 3 preferences in order 1, 2, 3) RW ___ LW ___ C ___ D ___ G ___

Please Help: I want to help the league with: (*Check all that apply*)

Friendship Tournament Social Events / Fundraising Coaching Team Rep.

Payment Options:

Playing Member Payment Schedule #1: (*Circle one*)

#1A: (I already provided a \$100 prepayment by July 1, 08)
At registration / before first game \$285.00
Total **\$385.00**

#1B: (I did not provide an early deposit):
At registration / before first game \$425.00
Total **\$425.00**

Playing Member Payment Schedule #2: Split payment.

#2A: (I already provided a \$100 deposit by July 1, 08)
At registration / before first game \$100.00
Balance by November 30/08 \$205.00
Total **\$405.00**

#2B: (I did not provide an early deposit):
At registration / before first game \$200.00
Balance by November 30/08 \$265.00
Total **\$465.00**

Non-playing Membership: \$50

Subsidy Fund: I am enclosing a contribution to the Subsidy Fund: \$10 \$25 \$50 Other _____

I am applying to receive a subsidy, and would like to be contacted by a member of the Subsidy Committee:

For additional information on the Subsidy Fund, or on other aspects of the TGHA, visit our website (www.gayhockey.com), or contact us by email (info@gayhockey.com).

Payment enclosed: Amount: _____ **Name on Cheque:** _____ **Cheque #** _____

(if cash please print CASH)

Cheques should be made payable to T.G.H.A. (Toronto Gay Hockey Association) and provided in person at one of the following registration sessions, or mailed to the following address. Please do not mail cash.

The Toronto Gay Hockey Association (TGHA)
599B Yonge Street, Box 111
Toronto, Ontario
M4Y 1Z4

The TGHA has a no refund or credit policy. A "no pay - no play" policy will also be strictly enforced.

I AGREE to observe and comply with all CARHA rules with respect to equipment including those rules applicable to helmets and to face shields/ visors/ cages. I AGREE to conduct myself in an appropriate manner as specified in the TGHA Constitution (available at www.gayhockey.com). I further AGREE to comply with all TGHA rules which may change during the course of the playing season. I agree to abide by the Mission Statement as outlined in the constitution and uphold the principles therein.

Insurance coverage is a necessary part of registering to play for the protection of the league, its players and its members. **You must be 19 years of age** in order to be covered. Terms of the insurance specify mandatory participation of all playing members of the league in order to benefit from the coverage offered. The above payment schedule has been designed in order to allow participants the opportunity to make payments according to their financial situation. Payments must be made on or before the dates on the schedule in which you are participating in order for you to continue to participate; otherwise it would negate the insurance coverage and thus jeopardize that of the league.

Please Note: The TGHA does not share any personal player information (such as name, address, phone number, e-mail) with any third parties. As the financial success of the organization is dependent upon the financial contributions of sponsors, the TGHA may from time to time, share high level information (such as the number of players, the average age). If you require more information on the Disclosure Policy of the TGHA, please e-mail us at info@gayhockey.com.

I DO NOT wish my photograph or name to be used in any material and/or on the website associated with the Toronto Gay Hockey Association.

Signature: _____

Date: _____

TGHA RELEASE FORM

IN CONSIDERATION of the acceptance of my application for membership in and my being permitted to play in the TORONTO GAY HOCKEY ASSOCIATION (hereinafter called "T.G.H.A.") for the 2008/2009 season, I hereby release and forever discharge the T.G.H.A., its players, executive members, coaches, and managers of and from any and all liabilities, actions, causes of actions, claims and demands for damages, interest, costs, loss or personal injuries, however so arising and including but not limited to injuries from the negligence of the T.G.H.A., its players, executive members, coaches and managers which heretofore may have been or may hereafter be sustained by me in consequence of my participating in or watching the hockey games, practices and social activities (hereinafter called "hockey activities") organized by members of the T.G.H.A.

I HEREBY ACKNOWLEDGE that no warranties or conditions have been made, expressed or implied, that hockey activities organized by the T.G.H.A. shall be conducted so as to prevent or minimize the risk of personal injury, and further I acknowledge that the T.G.H.A. makes no representations whatsoever as to the ability of its players or members to participate in hockey activities in a safe manner.

I FURTHER AGREE to save harmless and indemnify the T.G.H.A., its players, executive members, coaches and managers from and against all claims for damages, interest and/or costs which may be made by a claimant related to me by the Family Law Act, R.S.O., c.4, as amended, or any successor legislation, as a result of my participating in or watching the hockey activities.

I FURTHER ACKNOWLEDGE that I am aware of all the risks in the performance of such hockey activities, including, without limitation, the risk of sustaining injury or harm as a result of being struck by a player, puck, stick, or other piece of equipment, or as a result of a fall or collision resulting from the carelessness or clumsiness of one or more people or as a result of any defect in the hockey arenas.

I FURTHER ACKNOWLEDGE THAT I HAVE VOLUNTARILY ASSUMED THESE RISKS.

I FURTHER ACKNOWLEDGE having read the above and understood the nature and effect of this release. DATED AT Toronto, this _____ day of _____, 2008.

MEMBER NAME *(Print clearly)*

WITNESS NAME *(Print clearly)*

MEMBER SIGNATURE

WITNESS SIGNATURE

**If you have any questions,
please ask any member of the
TGHA Executive**

