**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_ /\_\_\_ /\_\_\_**

 **(dd/mm/yy)**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergy/ Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How would you rate your hockey ability?: A / B / C / D**

 (circle one)

**For NEW Players:**

Highest level of organized hockey played? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you play last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you didn’t play, when was the last time you played? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Player Agreement:**

I understand that the application fee is **$700.00**, 1st installment of **$350.00** is due by **August 24, 2018** and the 2nd installment of **$350.00** is due by **October 18, 2018**. I further understand that a late payment of the 2nd installment will incur a $75.00 administration fee, there are no refunds and Insufficient Funds (NSF) cheques are subject to a $25.00 administration fee. I understand that if I am accepted, my Team Captain or League executive will contact me prior to the start of the regular season. I agree to abide by the rules and constitution of the Richmond Hill Old Timers Hockey league o/a RHOTHL. The application fee entitles me to play up to 49 games (including playoffs) unless suspensions are imposed, plus the use of a team sweater and socks. The season starts on **Monday September 24, 2018.**

PLAYER HEALTH CERTIFICATION: Upon signing this application, the player certifies he is in good normal health, is properly equipped (full CSA approved hockey equipment mandatory) including a minimum of a half visor and has no abnormal handicaps.

PLAYER/SPECTATOR CONDUCT: The Richmond Hill Old Timers Hockey League o/a RHOTHL operates on Municipal property with the permission of the Town of Richmond Hill. To this end, players, spectators and participants will respect the facilities and grounds and will abide by the rules set forth by the facility and staff.

PARTICIPANT WAIVER AND INFORMED CONSENT: To whom it may concern: I, the undersigned, authorize the Richmond Hill Old Timers Hockey League and/or The Town of Richmond Hill and/or anyone acting on their behalf to acquire necessary medical aid that may be required as a result of any accident or injury which may be sustained by me. I have been warned and informed via this document that medical insurance coverage is not provided and there are serious physical risks associated with hockey, including, but not limited to falls and/or collisions with stationary objects, other players, skates pucks and sticks. My signature below indicates my informed consent to participate knowing the risks involved. And I hereby indemnify and save harmless the Richmond Hill Old Timers Hockey League and/or The League Executive of The Richmond Hill Old Timers Hockey League and/or The Town of Richmond Hill and/or anyone acting on their behalf from any and all actions, claims and demands for damages, loss or injury however arising which here to after may have been sustained by me while participating in any activity or facility operated by The Richmond Hill Old Timers Hockey League and/or The Town of Richmond Hill. My signature below indicates that I have the legal right to assume the conditions above on behalf of the player named above. My signature below also indicates that I have thoroughly read and agree to all of the terms above.  **League liability coverage requires that a completed and signed player application must be received for ALL players. Failure to do so will prohibit the player(s) from entering the ice facility.**

**PLAYER SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_, 2018.**

**Mail Applications To: Randy Nielsen Andy Arai**

 **11 Plaisance Rd or 229 Richmond St**

**Unit 56 Richmond Hill, Ontario**

**Richmond Hill, Ontario L4C 3Y9**

 **L4C 5H1**

**For use by league executive only**

1. Rec’d By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid: $\_\_\_\_\_\_\_\_\_ Paid By: Chq/ Cash
2. Rec’d By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid: $\_\_\_\_\_\_\_\_\_ Paid By: Chq/ Cash