



# AJAX OLDTIMERS HOCKEY LEAGUE

**2012 - 2013 Season**

## **Application Form and Release**

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ Unit/Suite/Apt #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date (month: day: year) \_\_\_\_\_

Position: \_\_\_\_\_ Email Address: \_\_\_\_\_

Previous Experience: \_\_\_\_\_

Division: Junior (35-49 yrs.) \_\_\_\_\_ Senior (50 yrs & over) \_\_\_\_\_

1. I, the undersigned, certify that I qualify to play in the Ajax Oldtimers Hockey League ("AOHL") and I agree to abide by all of the rules and regulations of the AOHL.
2. I hereby apply to play in the AOHL for the 2012-2013 season.
3. I realize and fully understand that there is an inherent danger in playing hockey and that the AOHL recommends that all players wear CSA-approved equipment.
4. In consideration of the acceptance of my application, I for myself, my heirs, successors and assigns, hereby release, waive and forever discharge the AOHL and its respective agents, officials, referees, players, representatives, successors, and assigns from any and all claims, demands, costs, expenses, actions, and causes of actions whether in law or equity with respect to death, injury, loss or damage to my person or property however caused, arising out of my participation in the AOHL whether as a representative, player, spectator or otherwise. I further hereby hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability by any or all of them arising as a result of or in any way connected with my participation in the AOHL. I warrant that I am physically fit to participate in the activities of the AOHL.
5. By submitting this application, I acknowledge having read, understood and agreed to the above release and indemnity.

A \$50 deposit, cash or cheque (post-dated no later than June 1<sup>st</sup> 2011), is required with this application. The deposit will be applied to the registration fee for the 2012-2013 season.

Deposit received by: \_\_\_\_\_ Date: \_\_\_\_\_

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Applicant's Signature

Date