



**CHILD
 WAIVER**

7N1D
 NOAHSTRONG DAY

TEAM NAME: _____

DIVISION: U7 (2017-2018) U9 (2015-2016) U11 (2013-2014) U13 (2011-2012)

Child's Name: _____

Caregiver Name: _____

Phone #: _____ Email: _____

THANK YOU FOR BEING A PART OF NOAHSTRONG DAY

By signing below, I acknowledge that my child, is participating at his/her own risk in the NoahStrong Day 2024 Ball Hockey Tournament (the "Tournament") and I hereby waive any and all liability on the part of the Tournament, its organizers, sponsors, partners and all other persons or entities associated with the Tournament against any and all damages or losses, personal injury or death resulting from his/her participation. I also hereby grant permission to the Tournament organizers to use the personal information provided for the sole purpose of the administration of the Tournament.

I am aware and agree that photographs will be taken and there may be media coverage during my participation in the Tournament and both may be used publicize or promote the Tournament.

I have read and/or been informed by the team Coach about the Shared Respect Initiative and to agree to treat other players, teams, referees and parents with respect.

Caregiver's Signature: _____

Print Name: _____

Date: _____

FRIDAY JUNE 7TH
 4pm-8pm
SAT. JUNE 8TH
 9am-4pm
Bill Barber Complex
 1984 Swale St,
 Callander, ON

