

Centre Wellington Minor Hockey Tournament Application Form

Fri. Jan. 6th – Sun. Jan.8th, 2012.

Name of Town/City: _____

Name of Team: _____

Division: _____

OMHA Centre Classification: _____

Team Info: Head Coach: _____

Manager: _____

Email/ Phone Contact : Head Coach: _____

Manager: _____

Sweater Colours: _____

Waiver: By signing this form, the team manager on behalf of his team releases the sponsors of the above named tournament, its officials, Township of Centre Wellington and its employees and all concerned with the tournament from any liability for injury, accident or loss of property which may be incurred by any player or team official while participating in the tournament or while travelling to or from.

Signature: _____ Print Name: _____

Consent: Permission is hereby given to the _____ hockey team to participate in the Centre Wellington Select Hockey Tournament on Fri. Jan.6th – Sun. Jan. 8th,2012.

Dated this _____ day of _____ 2011.

Signature: _____

President of Hockey Association