



St.Thomas Panthers Girls Hockey Association
2010/2011 Tryout / Waiver Form

Name: _____

Birthdate: _____

Address: _____

Home
Phone: _____

Cell
Phone: _____

Parent or Guardian
Name: _____

Parent or Guardian Signature: _____ Date: _____

Returning Panther: Yes or No (Circle One)

I am attending the following Tryouts: (Circle One)

Senior Midget Bantam Pee Wee Atom Novice

Please Remember: Bring OWHA Permission To Skate Forms Where Applicable

Liability Waiver

I acknowledge, personally and on behalf of my child, heirs and any of his /her/ my legal representative, that St.Thomas Panthers Girls Hockey Inc, it's agents officials, employees, sponsors, and representatives shall not be held liable for any death, injury, loss, cost, or expenses arising from participation in any activity directly or indirectly associated with the previously mentioned hockey club occurring on or off the ice. My child has permission to participate in the St.Thomas Panthers Girls Hockey Inc. Activities and I give the St.Thomas Panthers Girls Hockey Inc. permission to render medical attention to my child should it be necessary. It is further agreed that all rules and regulations will be abided by the participant and parent/guardian.

**\$40.00 in Advance - Due April 7, 2010 Cheque Made Payable To: St.Thomas Panthers GHA
Mail Cheque and Tryout / Waiver Form To:**

Lindsey Boersma 31 Timberlane Cresent St.Thomas ON N5P 4G9

OR

\$50.00 Cash Only At Tryouts and Complete Tryout / Waiver Form Before You Get On The Ice