



<b>Office Use Only</b>
Package Purchased _____
Lesson Days _____
Lesson Times _____
Payment Method _____

**ALL QUESTIONS MUST BE ANSWERED**  
**If you are under 19, please have a parent or guardian sign on your behalf.**

<b>PERSONAL INFORMATION</b>		
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth (DD-MM-YY)</b>
<b>Phone Number</b>	<b>Address</b>	<b>City and Postal Code</b>
<b>Email Address</b>	<b>Would you like to receive emails regarding upcoming classes from us? Yes/No (circle one)</b>	<b>How did you hear about RCHD?</b>
<b>Emergency Contact Name</b>	<b>Emergency Contact Relationship</b>	<b>Emergency Contact Phone #</b>

*\*must be over 19 to sign registration form*

<b>Physical Activity Readiness Questionnaire PAR-Q</b>		
<b>Has your doctor ever said that you have a heart condition and that you should only do a physical activity that is recommended by a doctor?</b>	<b>Yes</b>	<b>No</b>
<b>Do you frequently have pains in your chest when you do physical activity?</b>	<b>Yes</b>	<b>No</b>
<b>In the past month, have you had chest pain when not doing physical activity?</b>	<b>Yes</b>	<b>No</b>
<b>Do you lose your balance due to dizziness or do you ever lose consciousness?</b>	<b>Yes</b>	<b>No</b>
<b>Do you have bone, joint, or other problems (ie. Diabetes, epilepsy, back problems, etc.) that might be made worse by physical activity?</b>	<b>Yes</b>	<b>No</b>
<b>Have you had recent surgery?</b>	<b>Yes</b>	<b>No</b>
<b>If you have marked "Yes" to any above, please elaborate...</b>		

<b>**Photo Release**</b>	
<b>I give permission for RCHD to use pictures/video of me/my child on social media posts/marketing material</b>	<i>* please initial appropriate box</i>
<b>I do NOT give RCHD permission to use my/my child's picture/video</b>	

<b>Cancellation Policy</b>	
<b>I understand that once a session is booked and paid for there are NO REFUNDS available.</b>	

*We appreciate your understanding around this as it helps us to keep our lesson prices competitive.*

<b>I would rank my current skills...</b>	
<b>Please rate out of 10</b>	<b>1 = zero knowledge      10 = I'm an expert!</b>
<b>Flexibility</b>	
<b>Shooting</b>	
<b>Edge Work</b>	
<b>Stride</b>	
<b>Acceleration</b>	
<b>Puck Protection</b>	
<b>Passing</b>	

**Liability Waiver**

Release of liability, waiver of claims, assumptions of risk and indemnity agreement. By signing this document you will waive certain legal rights, including the right to sue. Please read carefully!

**Assumption of Risks & Release of Liability, Waives of Claims and Indemnity**

I have completed the pre-instruction screening form and have truthfully answered all questions to the best of my ability. I am aware that participation could, in some circumstances, result in physical injury and have discussed my participation, where applicable, with my physician. I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Ryan Carignan Hockey Development. Having such knowledge, I hereby release Ryan Carignan Hockey Development, their representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said hockey program. In consideration of the acceptance of participation in the program offered by Ryan Carignan Hockey Development for myself, my heirs, executors, administrators and assigns, waive any claims to which I may become entitled for injury or damage and WAIVE ANY AND ALL CLAIMS that I have or may in the future against Ryan Carignan Hockey Development and its directors, officers, employees, agents and representatives (collectively "Ryan Carignan Hockey Development") to release Ryan Carignan Hockey Development from any and all liability for loss, damage, injury, or expense that I may suffer as a result of participating in the hockey program offered by Ryan Carignan Hockey Development, due to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care owed under the occupiers liability act on the part of Ryan Carignan Hockey Development.

*I have read this agreement and understand this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against Ryan Carignan Hockey Development.*

**If you are under 19 years old, you must have a parent/guardian sign this form.**

**Full Legal Name                      Signature (Participant or Guardian)      Date**

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