



# Registration Form

Date: \_\_\_\_\_

Division: \_\_\_\_\_

League/Association Name: Niagara Storm Football Club

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DD / MM / YY

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Waiver

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Ontario Football Alliance and its membership, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Football activities and not withstanding that the same may have been contributed to or occasioned by the negligence of Ontario Football Alliance and its membership representatives or agents.

I am fully aware that there is a risk of injury involved in participating in this type of activity. In witness, I have hereunder set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Signature (must be parent or Guardian if under 18 years of age)

Male

Player

Coach

Female

Volunteer

Governor

## Proud Member of Football Canada