



Adult Hockey League

www.dakotacc.com

Underage Waiver Form

Season playing: (Please circle season) WINTER SPRING SUMMER

(Please Print Below)

Player name _____ Team name: _____

Birthday: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Cell: _____

Parent/guardian name: _____

Consent and Waiver of Responsibility:

The parent or guardian of the aforementioned player agrees that the Dakota Community Centre and its staff will not be held responsible for any accidents or loss of personal property, and agrees to release the Dakota Community Centre from all claims or damages which may arise as a result of such accidents or loss.

Parent/guardian Signature: _____ Date: _____