



AJAX OLDTIMERS HOCKEY LEAGUE
2019 - 2020 Season
Application Form and Release

First Name: _____ Initial: _____ Last Name: _____

Street: _____ Unit/Suite/Apt #: _____

City/Town: _____ Postal Code: _____

Birth Date (month/day/year) _____ Email: _____

Telephone Home: _____ Mobile: _____

Requested Position: (Forward/Defence/F&D) _____

Previous Experience: _____

Division: Kerr (35yrs & over) _____ Clute (50 yrs & over) _____

1. I, the undersigned, certify that I qualify to play in the Ajax Oldtimers Hockey League ("AOHL") and I agree to abide by all of the rules and regulations of the AOHL.
2. As part of my agreement with the AOHL I agree to and certify I understand that my helmet meets and or exceeds the CSA safety standard for hockey helmets. I realize and fully understand that there is an inherent danger in playing hockey and that the AOHL recommends all other equipment be CSA-approved.
3. In consideration of the acceptance of my application, I for myself, my heirs, successors and assigns, hereby release, waive and forever discharge the AOHL and its respective agents, officials, referees, players, representatives, successors, and assigns from any and all claims, demands, costs, expenses, actions, and causes of actions whether in law or equity with respect to death, injury, loss or damage to my person or property however caused, arising out of my participation in the AOHL whether as a representative, player, spectator or otherwise. I further hereby hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability by any or all of them arising as a result of or in any way connected with my participation in the AOHL. I warrant that I am physically fit to participate in the activities of the AOHL.
4. By submitting this application for the 2019/2020 season, I acknowledge having read, understood and agreed to the above release and indemnity.

A \$100 non-refundable deposit, cash or cheque (post-dated no later than June 1st 2019), is required with this application. The deposit will be applied to the registration fee for the 2019-2020 season and is non-refundable.

Deposit received by (rep): _____ Date: _____

Applicant's Signature: _____ Date: _____