



# Oakville Recreational Hockey League Player Profile

Highest level of hockey played: \_\_\_\_\_

Position: \_\_\_\_\_

Specific individuals you would like to be teamed with:

\_\_\_\_\_

How did you hear about the ORHL?

\_\_\_\_\_

Would you like to receive information regarding future leagues?     yes     no

If yes, please include your email address: \_\_\_\_\_

## Release and Indemnification

To: The Corporation of the Town of Oakville (the "Town")

I wish to participate in sports and other recreational activities available at Sixteen Mile Sports Complex (the "Facility") including, without limitation, an adult hockey league. I am aware that such activities are strenuous athletic activities and that my participation may be hazardous to me. I understand and acknowledge that such activities involve risk of personal injury or death. I further acknowledge that it is solely my responsibility to determine whether, based on age, health, physical condition and level of athletic experience participation in strenuous physical activities, including specifically but without limitation, adult hockey is appropriate for me. In consideration of the Town permitting me to participate in an adult hockey league at the Facility I hereby covenant and agree as follows:

1. I hereby release, waive and forever discharge the Town from all claims, demands, damages, costs, expenses, losses, actions and causes of action of whatsoever sort, whether in law or equity, with respect to death, injury, loss or damage directly or indirectly, in whole or in part, attributable to my participation, in an adult hockey league at the Facility or with respect to my presence at the Facility, including the parking areas;
2. I hereby covenant and agree to indemnify, save harmless and defend the Town from and against all claims made or actions initiated against it, by any person, personal representative, insurer or any other party whatsoever, and all resulting costs, losses, damages, expenses and liability of whatsoever sort, directly or indirectly, in whole or in part due to my participation in an adult hockey league at the Facility or to my presence at the Facility including its parking lot, however caused, including the negligence of the Town or those for whom it is in law responsible.

Dated at Oakville this \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature



**Register**  
 online at [www.oakville.ca](http://www.oakville.ca)  
 by phone 905-815-2000  
 by fax 905-338-4188

**Questions?**  
 IRIS help line 905-845-6601 ext. 4747  
 Registration inquiries 905-338-4250

For office use only

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Authorization #

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**Please read registration policies on pages 90-94**

Have you previously registered with the department?  Yes  No

Has your address/telephone number changed since last registered?  Yes  No

If yes, previous telephone number: \_\_\_\_\_

**Non-residents add \$10 plus applicable taxes per course**

**For participants with special needs**

Please fax *Participant Profile - Special Needs/Medical* form, found with registration form.

**Please print clearly.**

Adult's last name (parent/guardian)			First name	
Address		Apt.	City	Postal code
Home phone	Business phone	Email	Emergency contact name	Emergency phone

**Photo release**



Photographs of participating may be taken at any time for town promotional purposes. If you do not wish to have your/your child's photo taken/used, please sign below.

**I do not** wish to have my/my child's photo/name taken/used  
 Signature \_\_\_\_\_

**I give permission** to take/use my/my child's photo/name  
 Date \_\_\_\_\_

<b>1</b> Participant's name	Birth date dd mm yy	M/F	Course Name			
Course Code	Location	Day/Session/Week	Time	Fee (\$)	HST (\$)	Total (\$)
First choice						
Second choice						

<b>2</b> Participant's name	Birth date dd mm yy	M/F	Course Name			
Course Code	Location	Day/Session/Week	Time	Fee (\$)	HST (\$)	Total (\$)
First choice						
Second choice						

<b>3</b> Participant's name	Birth date dd mm yy	M/F	Course Name			
Course Code	Location	Day/Session/Week	Time	Fee (\$)	HST (\$)	Total (\$)
First choice						
Second choice						

			<b>If applicable, subtract credit left on account</b> (\$ )	
<b>Payment type:</b>	<input type="checkbox"/> Cheque* <input type="checkbox"/> Debit <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	<b>All non-residents add \$10.00 +AT per course</b>		\$
<small>+AT = plus applicable taxes. *Make cheques payable to Town of Oakville. No post-dated cheques.</small>				<b>Total amount</b> \$
Credit card #	Expiry mm yy	Security Code		
Signature (for credit card only)				

# Participant Profile

## Special Needs / Medical

To best serve the needs of all program participants, we require the following information for leadership staff's awareness. Please choose the category that best describes the needs of the participants with special needs.

Please fax this completed form to registration at 905-338-4188; attention Carol Gall, or email cgall@oakville.ca. For general registration inquiries, call 905-338-4250. For IRIS help, call 905-845-6601, ext. 4747.

**For participants with special needs**

Will attend with own support?

Yes

Participant last name		Participant first name	
Birth date dd mm yy	Home phone	Business phone	Main contact email address
<b>Program</b>	<b>Day</b>	<b>Time</b>	<b>Location</b>

**1**

**Non-life threatening medical condition** — eg. ADD, ADHD, epilepsy, etc.  
Please identify:

\_\_\_\_\_

**2**

**Life threatening medical condition**

Please note that for participants in this category a Medic Alert or similar identification bracelet is mandatory.

- |  |   |                              |                             |
|--|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Peanut allergy    | <input type="checkbox"/> Other: _____                               |                              |                             |
| <input type="checkbox"/> Bee sting allergy | <input type="checkbox"/> Does participant carry Epi Pen?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Cardiac condition | <input type="checkbox"/> Does participant carry special medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Does participant carry insulin?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**3**

**Physical mobility, mental challenges or behaviours**

Physical challenges (describe condition)

\_\_\_\_\_  
\_\_\_\_\_

Mental challenges.  
Medical diagnosis is:  Down's syndrome     Autism     Other: \_\_\_\_\_

Behaviours (describe condition)

\_\_\_\_\_  
\_\_\_\_\_

**4**

**Vision, hearing or physical mobility**

- |                                   |                            |                                |                            |                               |
|-----------------------------------|----------------------------|--------------------------------|----------------------------|-------------------------------|
| <input type="checkbox"/> Vision   | <input type="radio"/> Good | <input type="radio"/> Adequate | <input type="radio"/> Poor | <input type="radio"/> Unknown |
| <input type="checkbox"/> Hearing  | <input type="radio"/> Good | <input type="radio"/> Adequate | <input type="radio"/> Poor | <input type="radio"/> Unknown |
| <input type="checkbox"/> Physical | <input type="radio"/> Good | <input type="radio"/> Adequate | <input type="radio"/> Poor | <input type="radio"/> Unknown |

**Helpful background information**

- |  |   |
|--|---|
| <input type="checkbox"/> Is extra support required at school?                  | <input type="checkbox"/> Is extra support/assistance required for basic care?           |
| <input type="checkbox"/> Does disability affect the safety of the participant? | <input type="checkbox"/> Is the participant currently associated with a support agency? |

**Tips for Instructors**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_