



EAST GWILLIMBURY DUNSMUIR MEMORIAL TOURNAMENT April 4-7, 2019

Team Name: _____
Association: _____
Association Website: _____
Affiliation (OMHA, Alliance etc....): _____
Team Colours (Home/Away): _____
Team Contact: _____
Address: _____
Postal Code: _____
Telephone (Primary): _____
Telephone (Secondary): _____
Email Address: _____
Category (e.g. Atom, Peewee...)
Please indicate Minor or Major _____

The entry fee of \$950 (\$900 if paid before January 31, 2019) is enclosed and made payable to East Gwillimbury Minor Hockey Association (EGMHA). A representative from EGMHA will contact you by e-mail once the cheque has been received. Please ensure your e-mail address is correct.

I (Team Manager) on behalf of my team, consent to participation in the EG Dunsmuir Memorial Hockey Tournament (EGDM) and assume all risks that are incidental to such participation. I therefore agree to waive indemnity & hold harmless (EGMHA) and their employees, agents, servants and assigns. I certify that all players are in good physical and mental health and any exceptions have been noted by me with this application. I warrant that all of the players on my team have been given permission by their parents or legal guardian to participate in this tournament and that I am authorized to make this statement on their behalf.

The Applicant acknowledges and agrees that (EGMHA) reserves the sole and exclusive right to use any photographs or videos taken during the program for advertising and/or instructional purposes contained herein. I acknowledge that the contact information provided above can be used for future correspondence related to tournaments and other hockey-related offers but can unsubscribe at any future time. I acknowledge reading this Application and Declaration and understand the conditions herein and agree to abide by all terms.

SIGNATURE:

Printed Name

Date