



CHILD WAIVER

7N1D NOAHSTRONG DAY

**PROUDLY SPONSORED BY
 DOM KRZECZUNOWICZ MPC & EMILY KIRBY**

TEAM NAME: _____

DIVISION: U7 (2018–2019) U9 (2016–2017) U11 (2014–2015) U13 (2012–2013)

Child's Name: _____

Caregiver Name: _____

Phone #: _____ Email: _____

THANK YOU FOR BEING A PART OF NOAHSTRONG DAY

FRIDAY JUNE 13TH

4pm–8pm

SAT. JUNE 14TH

9am–4pm

Bill Barber Complex

1984 Swale St,
 Callander, ON

By signing below, I acknowledge that my child, is participating at his/her own risk in the NoahStrong Day 2025 Ball Hockey Tournament (the "Tournament") and I hereby waive any and all liability on the part of the Tournament, its organizers, sponsors, partners and all other persons or entities associated with the Tournament against any and all damages or losses, personal injury or death resulting from his/her participation. I also hereby grant permission to the Tournament organizers to use the personal information provided for the sole purpose of the administration of the Tournament.

I am aware and agree that photographs will be taken and there may be media coverage during my participation in the Tournament and both may be used publicize or promote the Tournament.

I have read and/or been informed by the team Coach about the Shared Respect Initiative and to agree to treat other players, teams, referees and parents with respect.

Caregiver's Signature: _____

Print Name: _____

Date: _____

**FOR MORE INFORMATION:
 CONTACT DAVE DUGAS
 noahstrongday@yahoo.com
 705-493-1349**

