



LEAGUE APPLICATION FORM

TEAM NAME _____ SEASON_20__/_

TEAM COLORS Home _____ Away _____

DEPOSIT \$ _____ BALANCE \$ _____

MANAGER _____

ADDRESS _____

CITY/PROV. _____ / _____. POSTAL CODE _____

PHONE (H) _____ (B) _____ ext. _____

FAX# _____ CELL# _____

E-MAIL _____

2ND CONTACT (required) _____

E-MAIL _____

PHONE (H) _____ (B) _____ ext. _____

CELL# _____

MANAGER SIGNATURE _____

(AUTHORIZED SIGNATURE ON BEHALF OF TEAM PLAYERS)

CONSENT & WAIVER OF RESPONSIBILITY:

The players representing the aforementioned team agree that Winnipeg Central, also known as the W.C.H.L. and/or hockey league, its directors, instructors and its staff are not liable for, nor will be responsible for any accidents or loss however caused, and agree to release same from all claims and/or damages. Which may arise as a result of such accidents or loss, while participating in League sanctioned events.