

## **LEAGUE APPLICATION FORM**

TEAM NAME		SEASON_20/
TEAM COLORS Home	Awa	у
DEPOSIT \$	BALANCE \$	
MANAGER		
ADDRESS		
CITY/PROV	/ POSTA	L CODE
PHONE (H)	(B)	ext
FAX#	CELL#	
E-MAIL		
2 <sup>ND</sup> CONTACT (required)		
E-MAIL		
PHONE (H)	(B)	ext
CELL#		
MANAGER SIGNATURE_	UTHORIZED SIGNATURE ON	I 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.