

Junior

# Alberta Broomball Association

11759 Groat Road  
Edmonton, AB T5K 3M6  
Phone 780-459-7668

## Waiver Form

I, \_\_\_\_\_ of \_\_\_\_\_  
Parents Name (please print) Street Address  
\_\_\_\_\_  
City/Town Postal Code Phone

do hereby, in consideration of your acceptance for my son/daughter in your program, waive and release any and all rights and claim for personal injury or damage to my son/daughter in any activity relating to his/her broomball involvement within the \_\_\_\_\_ League \_\_\_\_\_ team and the Alberta Broomball Association Provincial Championship or Tournament.

\_\_\_\_\_  
Player's name

\_\_\_\_\_  
Address (if different from above)

Signed \_\_\_\_\_  
Parent or Guardian if player is under 18 years of age.

Date: \_\_\_\_\_

I hereby consent to agree to abide by the rules governing the Sport of Broomball as set down by the Alberta Broomball Association.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Day Month Year