



BARRIE AAA ZONE

PARENTAL PERMISSION TO VOLUNTEER

Player Name: _____

Current Rostered Team: _____

Volunteering with: _____

I, _____, as parent/guardian of the above referenced Barrie AAA player, give my permission for him to volunteer on-ice with the above mentioned AAA team for the _____ season.

As a parent/guardian of the above named volunteer, I hereby agree to fully indemnify Barrie AAA Zone, its Board of Directors and its members, from any and all liability for any damage or injury which the volunteer may incur while participating in such volunteer activities to the extent such damage or injury is not covered by the standard insurance policy in effect through the Ontario Minor Hockey Association. I have been given the opportunity of reviewing the insurance coverage prior to signing this Consent.

I understand that a copy of this permission form will be provided to the coaching staff of all the above referenced teams and that the original will be held by the Barrie Colts AAA Vice Chair Administration.

I understand that a medical form must be completed and provided to the trainer of the volunteering team prior to volunteering with the team.

Date: _____

Parent's Signature: _____

Player Signature: _____