

SPRING/SUMMER 2021



KITCHENER ADULT HOCKEY LEAGUE

- ★ 17 games including playoffs**
- ★ Season runs May 3 through end of August**
- ★ Divisions offered:
Monday 19+/Tuesday 19+/Wednesday 40+/Wednesday 50+/Thursday 30+
- ★ Quality officiating
- ★ Online schedule with Team and Player Stats
- ★ Games played at Sportsworld, Kitchener Aud or Activa
- ★ Great prizing for divisions champs
- ★ Supplemental Player Insurance included
- ★ Provincial Health Guidelines and Recommended Game Protocols will be followed

**Start/end date and # of games may be adjusted based on Provincial Guidelines

BEST LEAGUE VALUE IN THE AREA!

For more information, visit www.kitcheneradulthockeyleague.ca

PRICING PER TEAM ENTRY

\$3,893.81 +HST

**TO REGISTER A TEAM,
PLEASE CONTACT DALE AT**

✉ dale@wavesports.ca

☎ 905-464-6683



REGISTRATION FORM

Please send completed registration form to Dale at dale@wavesports.ca

KITCHENER ADULT HOCKEY LEAGUE (KAHL) SPRING/SUMMER 2021

Team Rep Name: _____

Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Participant's Date of Birth (yyyy/mm/dd): _____ / _____ / _____

Email: _____

Team Name / Team Rep: _____

Day/Division Registering For:

Monday 19+ Tuesday 19+ Wednesday 40+ Wednesday 50+

Thursday 30+

League Pricing - Team Entry

Team entry - \$3893.81 +HST = \$4400 (Minimum \$600 deposit required PRIOR to the season)

Team Payment Plan:

\$600 deposit prior to season

\$950 May 15

\$950 June 1

\$950 July 1

\$950 Aug 1

PAYMENT DETAILS

Payment Options: Cheque (Payable to Wave Sports) E-transfer (to kahletransfer@wavesports.ca)

Cash Visa Mastercard

Credit Card #: _____ Expiry: _____ / _____ CVD/CVV: _____

KAHL TERMS & CONDITIONS: THE PLAYER ASSUMES ALL RISK OF PERSONAL INJURY WHICH MAY RESULT FROM PARTICIPATION IN ALL ACTIVITIES OF THE KITCHENER ADULT HOCKEY LEAGUE (KAHL). THE PLAYER WILL NOT HOLD WAHL, ANY OF KAHL'S OFFICIALS, STAFF, OWNER OR PROPRIETOR OR EMPLOYEES OF ANY ICE FACILITY USED BY THE WAHL, LIABLE FOR INJURY WHICH THE PLAYER MAY SUSTAIN WHILE PARTICIPATING IN ANY KAHL ACTIVITY. THE PLAYER UNDERSTANDS AND AGREES THAT THE SPORT OF ICE HOCKEY HAS PHYSICAL DANGERS WHICH MAY RESULT IN SERIOUS INJURY OR DEATH. THE PLAYER IS ADVISED TO CARRY MEDICAL INSURANCE. THE PLAYER CERTIFIES THAT HE/SHE HAS NO KNOWN MEDICAL CONDITION WHICH WOULD PROHIBIT HIM/HER FROM PLAYING THE SPORT OF ICE HOCKEY. I UNDERSTAND THAT I AM PERMITTING WAVE HOCKEY INC. TO USE MY EMAIL ADDRESS FOR COMPANY-RELATED COMMUNICATIONS. I THE UNDERSIGNED AGREE TO ALLOW WAVE HOCKEY INC AND/OR ITS RELATED COMPANIES TO USE THE PARTICIPANTS' NAMES AND OR PICTURES FOR ADVERTISING PURPOSES.

Name: _____ Signature: _____ Date: _____