



The Municipality of the
VILLAGE OF BURK'S FALLS

172 Ontario Street • PO Box 160 • Burk's Falls ON P0A 1C0
P 705-382-3138 • F 705-382-2273 • www.burksfalls.net

Burk's Falls Youth Ball Hockey Program
Located at Armour, Ryerson, Burk's Falls Memorial Arena
220 Centre St, Burk's Falls, ON P0A 1C0
Mondays 6pm-7pm - April 20th – June 1st

Program Requirements

- Age Requirement: Children must be 9 years of age as of June 1, 2026.
- Footwear: All participants must wear closed-toe, closed-heel running shoes.
- Registration: Limited spots available. Acceptance is on a first-come, first-served basis.
- Registration Fee: A non-refundable fee of \$20 is required for participation.

Return Completed Burk's Fall Youth Ball Hockey Registration Forms to:

The Village of Burk's Falls Office

Phone: (705) 382-3138

PO Box 160, 172 Ontario St, Burk's Falls, ON P0A 1C0

Email: recreation@burksfalls.ca

Participant Name: _____

Date of Birth (as of June 1, 2026): _____

Parent/ Guardian Name: _____

Address: _____

Phone Number: _____

Relationship to Participant: _____

Emergency Contact Name and Phone Number: _____

Medical Information:

Are there any allergies or medications that organizers should be aware of.

Photo/Video Consent

I consent to the use of photographs or video footage of my child taken during the Burk's Falls Youth Basketball Program for promotional purposes, including social media, printed materials, or the Village of Burk's Falls website.

Yes

No

Acknowledgement and Consent

I am registering my child for the Burk's Falls Youth Basketball Program (Ages 9-13). By signing this form, I acknowledge the risks associated with organized sports and confirm that I have read and understood the following:

- The terms of photo consent.
- The Rzone policy.
- The risks and terms associated with my child's participation in this program.

Parent/Guardian Signature: _____

Date: _____

Note: Incomplete or unsigned registration forms will not be accepted.



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**BURK'S FALLS YOUTH BALL HOCKEY ACCIDENT WAIVER AND
RELEASE OF LIABILITY FORM**

All person(s) under the age of 18 must have a guardian sign.

I, the undersigned, hereby acknowledge and agree to the following terms and conditions related to my participation in activities associated with the Burk's Falls Youth Ball Hockey:

1. Assumption of Risk:

I, the undersigned understand and accept that my participation in any and all activities associated with Burk's Falls Youth Ball Hockey involves inherent risks, including but not limited to those arising from negligence or carelessness on the part of the entities or persons being released, defective equipment, or dangerous property conditions. I accept all risks associated with such activities, including those resulting from the actions or inactions of others.

2. Health and Fitness Certification:

I, the undersigned certify that I am physically fit and sufficiently prepared or trained to participate in the activities associated with Burk's Falls Youth Ball Hockey. I have not been advised by any qualified medical professional not to participate, and I am free from health-related conditions that would preclude my participation.

3. Waiver of Liability:

I, the undersigned hereby waive, release, and discharge the Village of Burk's Falls, its directors, officers, employees, volunteers, representatives, agents, and any sponsors or volunteers from any liability for personal injury, death, property damage, or theft that may arise from my participation. This includes any liability caused by negligence or fault of those entities or persons.

4. Indemnification and Hold Harmless:

I, the undersigned agree to indemnify, hold harmless, and promise not to sue the entities mentioned above for any liabilities or claims arising from my participation in these activities, whether caused by the negligence of the released parties or otherwise.

5. No Responsibility for Errors or Omissions:

I, the undersigned understand and acknowledge that the Village of Burk's Falls, its directors, employees, officers, and agents are not responsible for any errors, omissions, or failures to act by any parties conducting activities on their behalf.

6. Acknowledgement of Risks:

I, the undersigned understand that these activities may involve risks such as physical and mental stress, death, serious injury, and property loss. Risks include, but are not limited to, those associated with terrain, weather conditions, participant health, equipment, and actions of other people.

7. Binding Agreement:

I, the undersigned agree that this Accident Waiver and Release of Liability Form will be construed to provide the maximum release of liability permissible under applicable law.

Acknowledgment and Signature:

I have read this document carefully and understand its contents. I am aware that this is a release of liability and a contract, and I sign it voluntarily and of my own free will.

Participant Name(s): _____

Parent/Guardian (if applicable): _____

Signature(s): _____

Date: _____