



# 15<sup>th</sup> Annual All Girls Spring Classic Tournament April 5-6-7, 2019 @ the Bell MTS Iceplex, Winnipeg

We are excited to celebrate the 15<sup>th</sup> Annual All Girls Spring Classic and wish to host your team for a weekend of fun that includes competition and camaraderie as the girls showcase their skills and development.

**DIVISIONS:**

Novice	2011-2010 YOB
Atom Open	2009-2008 YOB
Atom Elite*	2009-2008 YOB
Pee wee Open	2007-2006 YOB
Pee wee Elite*	2007-2006 YOB

\* **Note:** entries to **ELITE** divisions must be approved by tournament director

**Requirements:** minimum of 11 players (2 lines, 1 goalie), maximum of 17 players (3 lines, 2 goalies)

**Each team /player will receive the following:**

- 4 tournament games (3 X 15 minute periods) with certified referees (3 round robin play, 1 play-off)
- All players have participation in tournament Skills Competition
- Individual Tournament trophy or medal
- Tournament jerseys provided with registration to Novice, Atom Open teams (indicate sizes on roster form)
- Guaranteed fun, laughter and friendships, both old & new!

**Please note: Schedules will be circulated 14 days in advance of tournament. All teams will be required to play during the day Friday; play-off games for all divisions will be Sunday.**

**Entry fee for the 15<sup>th</sup> Annual All Girls Spring Classic Tournament is \$110.00 per player & GST \$500 deposit (applied toward team registration fee) is required to secure tournament registration; balance of fees due February 15, 2019**

If you have any questions or require further information about the tournament, please contact either Larry or Kathy at [jhd@tnse.com](mailto:jhd@tnse.com) or phone 204-926-5866 or 204-926-5853

## REGISTRATION FORM:

TEAM NAME: \_\_\_\_\_ DIVISION: \_\_\_\_\_

TEAM COLOURS: Home \_\_\_\_\_ Away \_\_\_\_\_

TEAM CONTACT: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ OR \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PC: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

REGISTRATION FEE: # rostered players \_\_\_\_\_ X \$110.00 = \$ \_\_\_\_\_ + GST = \$ \_\_\_\_\_

Payment can be made by cheque payable to: **TN ICEPLEX LP** or by VISA / MASTER CARD

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXPIRY: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Please complete the player roster & above registration form. Send these forms along with tournament fees to:  
ALL GIRLS SPRING CLASSIC, 3969 PORTAGE AVE, WINNIPEG, MB R3K 1W4 FAX: 204-926-5885 [jhd@tnse.com](mailto:jhd@tnse.com)



# All Girls Spring Classic Tournament

## April 5-6-7, 2019 @ the Bell MTS Iceplex, Winnipeg

Team Name: \_\_\_\_\_

\_\_\_ Novice \_\_\_ Atom Open \_\_\_ Atom Elite \_\_\_ Peewee Open \_\_\_ Peewee Elite

Head Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Manager: \_\_\_\_\_

Jersey Size	Jersey Number	Position	Player Last Name	Player First Name	Date of Birth	Player Address & City OR Family E-Mail
----------------	------------------	----------	------------------	-------------------	---------------	--

**Player Jersey Size:** Please complete field if registering a NOVICE or ATOM OPEN team **ONLY**. All Novice and Atom Open teams will receive an All Girls Spring Classic jersey.

Minimum roster size: 11 (10 skaters and 1 goaltender)

Maximum roster size: 17 (15 skaters and 2 goaltenders)

Players may roster on ONE team only; double rostering is not permitted. Underage players are allowed (by one year)

**Note:** A completed roster must be submitted by February 28, 2019

Please direct all questions to Kathy Bumstead:

email: [kbumstead@tnse.com](mailto:kbumstead@tnse.com)

phone: 204-926-5853

**2019 ALL GIRLS SPRING CLASSIC TOURNAMENT**

<b>Team Name:</b>						<b>Coaches:</b>		
<input type="checkbox"/> Novice, 11-10 yob <input type="checkbox"/> Atom Open, 09-08 yob <input type="checkbox"/> Atom Elite, 09-08 yob						<b>Coaches:</b>		
<input type="checkbox"/> Pee wee Open (07-06 yob) <input type="checkbox"/> Pee wee Elite (07-06 yob)						<b>Manager:</b>		
Jersey Size **	Jersey Number	Player Pos'n	Player Last Name	Player First Name	Birth Info m/d/y	Street Address	City	E-mail address

\*\* JERSEY SIZE: Only complete if registering a NOVICE or ATOM OPEN team.

NOTE: A complete roster must be submitted by February 28, 2019

Please have parent / guardian for each rostered team member read and sign the following waiver. Form must be completed and returned to tournament organizer prior to first game. Waiver signatures may be completed for entire team on one form (P.3) or waiver signatures may be completely individually (P.2) for each player. Incomplete waivers will result in player(s) ineligibility.

I am the parent/legal guardian of \_\_\_\_\_ (the "Participant") who wishes to participate in an event or program administered, hosted and/or sponsored by Winnipeg Jets Hockey Development (including, but not limited to, events and programs administered, hosted and/or sponsored by Focus Fitness, Winnipeg Jets Hockey League, Winnipeg Jets Challenge Cup and The Ice Lab) (the "Program"). In consideration of the Participant being permitted to participate in any way in the Program, I for the Participant, myself, and our personal representatives, assigns, heirs and next of kin provide as follows:

I understand the nature of the activities associated with the Program and acknowledge that the Participant's involvement in the Program includes any and all activities, events and other related aspects of the Program that the Participant may be involved in as a participant in the Program. I also understand the Participant's experience and capabilities and confirm that the Participant is qualified, in good health and in proper physical condition to participate in the Program. I fully understand that the Participant's involvement in the Program may involve risks and dangers of serious injury, including permanent disability, paralysis and death. These risks and dangers may be caused by the Participant's own actions or inactions, the actions or inactions of other participants in the Program, or the negligence of the Releasees named below. There may be other risks and social and economic losses. I fully accept and assume all such risks and responsibility for losses, costs and damages incurred as a result of the Participant's participation in the Program.

I, on my own behalf, on behalf of the Participant, and on behalf of our respective heirs, legal personal representatives, successors and assigns (collectively, the "Releasor"), hereby irrevocably and unconditionally release and forever discharge Winnipeg Jets Hockey Development, TN Iceplex Inc., TN Iceplex Limited Partnership, Winnipeg Jets Hockey Club Limited Partnership, Winnipeg Jets Hockey Club Inc., The True North Entertainment Complex Limited Partnership, True North Sports & Entertainment Limited (collectively, "True North") and their respective parent corporations, subsidiaries, affiliates, trustees, directors, officers, shareholders, unitholders, employees, servants, volunteers, representatives, agents, other participants, any sponsors, advertisers, and each of their respective successors, administrators, assigns, heirs and legal personal representatives (all such persons and entities hereinafter collectively called the "Releasees") of and from all injuries, liabilities, damages, actions, suits, obligations, duties, acts, omissions, misfeasance, malfeasance, losses, expenses, costs, rights of indemnity and all other claims and rights whatsoever, whether or not known or anticipated and whether or not due, in whole or in part, by the negligence of the Releasees or otherwise, including negligent rescue operations, whether or not known or anticipated, which the Releasor ever had, now has or may in the future have against the Releasees for or by reason of the Participant's participation in the Program. I further agree that if, despite this Waiver and Release I, or anyone on my behalf, makes claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expense, attorney fees, loss, liability, damage, or cost which any and all of them may incur as the result of such claim.

I certify that the Participant is in good health and has no known medical condition which would prohibit him/her from participating in the Program.

In case of emergency, I understand that every effort will be made to contact me. In the event that neither I nor the emergency contact can be reached, I hereby grant permission to the physician selected by True North to hospitalize, secure proper treatment, order injection, anesthesia or surgery for the Participant, as the case may be. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and/or private insurance. I am advised to carry additional medical insurance.

I grant True North the unrestricted right to produce, reproduce, publish, broadcast, communicate by telecommunication, exhibit, distribute, adapt or otherwise use or re-use my or the Participant's name and any statements, endorsements, biographical information, voice recordings, photographs and likeness to photographs, videotapes, film or sound recordings provided for, stemming from, or obtained or taken in relation to, participation in the Program for any and all advertising or promotional purposes (including but not limited to publication and/or broadcast in media) without further compensation or permission.

I acknowledge that the Participant must act in a responsible manner during all Program activities. I further acknowledge that True North reserves the right, in its sole discretion, to dismiss any participant who, in its judgment, has rejected the reasonable controls of the Program and is a hazard to him/herself and/or others.

I acknowledge that the Participant must act in a responsible manner during all Program activities. I further acknowledge that True North reserves the right, in its sole discretion, to dismiss any participant who, in its judgment, has rejected the reasonable controls of the Program and is a hazard to him/herself and/or others.

I acknowledge that, during all Program activities, the Participant, the parents and/or legal guardians of the Participant and any spectators that are associated with the Participant must act in a responsible manner that at all times is consistent with the values of True North which values include, but are not limited to, fairness, integrity and mutual respect. I further acknowledge that True North reserves the right, in its sole discretion, to dismiss any participant when, in its judgment, there has been conduct by the Participant, the parents and/or legal guardians of the Participant and any spectators that are associated with the Participant that is not consistent with the values of True North.

I agree that the Participant and myself are aware of and will abide by the General Guidelines and Procedures, as posted throughout the MTS Iceplex and at [www.mtsiceplex.ca](http://www.mtsiceplex.ca).

Any personal information that is collected by True North is collected in compliance with The Freedom of Information and Protection of Privacy Act (FIPPA). By providing personal information you consent to True North's use of such personal information to provide programs and services surrounding the Program and/or information about the Program. The personal information provided will be used only for the purpose(s) for which it is collected, unless you consent otherwise or True North is authorized to do so by FIPPA.

**I HAVE READ THIS RELEASE, WAIVER OF LIABILITY AND AGREEMENT TO PARTICIPATE AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT SUBSTANTIAL RIGHTS HAVE BEEN GIVEN UP BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THE AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.**

I sign below intending for both me and the Participant to be legally bound.

\_\_\_\_\_  
Player's Name & Age (please print)

\_\_\_\_\_  
Player's Team Name (please print)

\_\_\_\_\_  
Parent or Guardian's Name (please print)

\_\_\_\_\_  
Address (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

WITNESS:

\_\_\_\_\_  
Witness's Name (please print)

\_\_\_\_\_  
Signature

Team Name:

Division:

Player Name	Player Age:	Parent or Guardian Signature

Witness Name:

Date Signed:

Witness Signature:

-----