YFC HOCKEY LEAGUE 2023-2024 SEASON





Greetings Parents! I am **Mitchell Diesen** the director of YFCHL (YFC Hockey League). I am *excited to inform you of a great opportunity for your child* as we enter the **FIFTEENTH SEASON** of our floor hockey league!!!

We begin on SEPTEMBER 13th, 2023 and continue *every Wednesday* (except holidays) until May 29th 2024. We play at W.P. Bate Community School from 6:00 - 9:00pm.

Our 60 students range from ages 10-20, are divided into two leagues of four teams each and play roughly 40 games **before playing down for our Stanley Cup!**

We look forward to involving your child in our program! We hope that they use it to find their gifts and abilities and in turn discover how they can make their life count and make this world better!

Thank you for entrusting us with your child!



WEDNESDAY NIGHTS, 6PM-9PM W.P. BATE COMMUNITY SCHOOL 2515 18 ST W

2023-2024 - YFCHL WAIVER FORM

On the reverse side of this sheet you will find a registration form! Please complete it and bring it to W.P. Bate Community School on any Wednesday beginning September 13th between 6:00 - 9:00pm (excluding holidays).

After registration your child will be placed on team and assigned a coach.

All of our volunteers (coaches) have gone through an application process and also completed a police check that will be on file at YFC Saskatoon. We look forward to working with your child, encouraging them to LIVE LIFE TO THE FULL.

Waiver form on other side



YFC Canada | Youth Unlimited works with young people nationally across Canada and internationally in over 100 countries as an interdenominational Christian organization. For over 50 years we have been dedicated to helping young people mature as balanced persons: physically, mentally, socially and spiritually. You can find out more about us at www.yfcsask.com.

If you have any questions at all, feel free to contact Mitch at (306) 883-7851 mitchell.diesen@yfc.ca or Evan at (306) 290-2240 (evan.peters@yfc.ca)

YFCHL WAIVER FORM

Name of player:	
Address & Postal Code	-
Phone #	-
Date of birth and age:	-
School & Grade:	-
Consent / Waiver Form I hereby authorize the staff/volunteers of YFC Hockey League to act for me according to their emergency requiring medical attention. I hereby waive & release YFC Saskatoon I Youth Unlimit volunteers from any & all liability for any injuries or illnesses incurred while at, or in transit to, Young of its functions. I have no knowledge of any physical or mental impairment that would be participation in the YFC Hockey League. I authorize the use of photos or video of my child by YFC Saskatoon I Youth Unlimited for publicity. Name of Parent/Guardian (Print)	ted and its employees/ 'FC Hockey League or affected by my child's
Contact Phone #	
Health Card # of Student (MUST HAVE)	
Medical conditions we should be aware of:	
Any Medication Being Taken? If So Do They Carry It With Them?	
Do you give consent for the administration of simple medications (ie. Advil, Aspirin) or pe medications (ie. EpiPen, Inhaler)?	rsonally prescribed
Please initial for answer: YES: NO:	
Parent/Guardian Signature: Date:	