



Halton Minor Ball Hockey



2017 FALL SEASON

Ball Hockey ... As Canadian as it gets!

2017 FALL Program Information

Learn To Play (For ages 3 to 6 years old):

Includes 9 sessions, jersey, souvenir and year end festivities. Sessions are Sunday morning*** from October 1st to December 3rd.

Cost: \$135 (Family Discount save \$10 per additional child registered).

House League (for ages 7 to 18 years old):

Includes 9 games (1 Exhibition, 6 Regular Season, 2 Playoff), jersey, souvenir, player awards and year end festivities. Games are Sunday*** from October 1st to December 3rd.

Cost: Early Bird \$145 WITH PAYMENT before August 15th, \$155 after August 15th, \$165 after September 15th. We offer a Family Discount, save \$10 per additional child registered.

Equipment Required:

CSA approved hockey helmet with full facial protection, hockey gloves, soccer shin pads & stick are mandatory. Athletic cup, soft elbow pads and soft knee pads are also recommended.

Location:

All games are played at the Toronto Rock Athletic Center located at 1132 Invicta Dr. in Oakville. ***Games time and day could vary slightly based on facility availability

Visit our web site and register online

www.oakvillemminorballhockey.com

Proud Members Of:



Administration & Registration:

Email: Info@hmbhl.com

Phone: 905-637-8118

Follow us on:



2017 FALL REGISTRATION FORM

Player Information:

Name: _____ Birth Date (YYYY/MM/DD): _____

Address: _____ City: _____ Postal Code: _____

Position: Player ____ Goalie Part Time __ Full Time (If possible) __ Do have own goalie equipment? Y __ N __

Previous ball hockey experience Y/N? __ Which program? _____ How did you find us? _____

Most Recent highest level of ice hockey you have played? AAA__ AA__ A__ Select__ Houseleague__ None__

Does your child have a friend/relative they wish to play with? (1 name ONLY): _____

NOTE: Your friend/relative must request you, we only deal with pairs. We will assign players to teams as required to build balanced house league teams. We will try and keep all friends/relatives together if possible. This is not guaranteed and may not be possible for late registrants. We have a team equalization policy and we reserve the right to trade any player(s) in an attempt to equalize team strengths.

Parent / Guardian Information:

Father's Name : _____ Mother's Name : _____

Home #: _____ Cell #: _____ Home #: _____ Cell #: _____

Email: _____ Email: _____

Note: Our primary method of communication is by email so please provide frequently used email addresses and make sure we are not blocked by your spam software. We will NOT call registrants unless required.

Do you wish to Volunteer? Coach ____ Assistant Coach ____ Other ____ Do you have a Police Check: _____

Note: To volunteer you must provide a copy of your Police Check that has been issued within the last 3 years.

Sponsorship Plan: We have sponsorship plans which include one player registration. Please contact our office or visit our Sponsorship page on our web site for more information and pricing.

Release Of Liability (must be signed by parent or guardian)

In consideration of your participation in the **Halton Minor Ball Hockey League** as a player, official or any other capacity, I, the undersigned, hereby release, discharge, relinquish, give up, forego, waive and otherwise completely exonerate the **Halton Minor Ball Hockey League**, its directors, officials, players, coaches, representatives, sponsors or others acting on behalf of the **Halton Minor Ball Hockey League**, of any liability, responsibility, culpability, or other basis upon which they may otherwise be liable for any such injury, illness, disability, incapacitation, death or other physical ailment which might arise in connection with my participation in the **Halton Minor Ball Hockey League** activities.

This is intended to be a full release, waiver and relinquishment, giving up, foregoing, and discharging any and all claims or damages of any kind, character or description against the **Halton Minor Ball Hockey League** and any of its agents, directors, officials or other acting on its behalf as might arise during or as a result of my participation in the activities of the **Halton Minor Ball Hockey League** and I further specially assume all risks arising as a result of my participation in **Halton Minor Ball Hockey League** activities. I also permit the **Halton Minor Ball Hockey League** to use any photos, videos or any other form of media of myself/child for promotional or advertising material. By providing my email I permit the HMBHL to email me at the HMBHL's discretion. I am aware of the UNSUBSCRIBE option available on all emails received.

This instrument is signed by me voluntarily and I will hold all parties mentioned herein and each of them free and clear from any responsibility by any reason of my participation or otherwise being involved in the **Halton Minor Ball Hockey League** and will hold each of the parties mentioned herein safe and otherwise harmless from any claims, court costs, attorneys' fees or other expenses whatsoever caused by any suit or injury for damages brought by me or by anyone on my behalf.

Parent/Guardian Signature _____

PAYMENT INFORMATION:

 Please make cheque payable to **Oakville Minor Ball Hockey League**

Name on card: _____ Card #: _____ Expiry: M: __ / Y: __ CSV#: _____

NSF cheques subject to \$30 charge. All refunds subject to \$15 administration fee. Partial prorated refunds will only be granted before the 3rd session/outing.