

# BMBHL REGISTRATION FORM

**Player Information:** Name: \_\_\_\_\_

Birth Date (YYYY/MM/DD): \_\_\_\_\_ Child's Email (Optional): \_\_\_\_\_

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? \_\_\_\_\_

Highest level of ice hockey you have played? (Circle 1) 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 2 years.**

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

## CHOOSE PROGRAM:

Learn To Play (ages 3-6) \_\_\_\_ House League (ages 7-18) \_\_\_\_ House League Select (Higher level of play) \_\_\_\_  
(There is a tryout for this division of play)

## 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 and can stop all emails at any time.

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 cheque payable to **Halton Minor Ball Hockey League**

Name on card: \_\_\_\_\_ Card #: \_\_\_\_\_ Expiry: M: \_\_ / Y: \_\_ CSV#: \_\_\_\_\_

NSF cheques subject to \$30 charge. All refunds subject to \$10 administration fee. Partial prorated refunds will only be granted before the 3<sup>rd</sup> session/outing.