SARNIA MINOR BALL HOCKEY LEAGUE REGISTRATION FORM

www.sarniaballhockev.com

E-mail: info@sarniaballhockev.com

Tel: 905-699-1471

Player Information: NAMF. BIRTH DATE: (D) /(M) ADDRESS: CITY: PC: Parent Information: NAMF: EMAIL: CELL #: HOME #: ☐ LEARN TO PLAY ☐ UNDER 8 ☐ UNDER 10 ☐ UNDER 12 ☐ UNDER 14 ☐ UNDER 16 ☐ UNDER 18 2018-2019-2020 2016-2017 2014-2015 2012-2013 2010-2011 2008-2009 2006-2007 Has your child ever played ice hockey? if yes, level □AAA □AA □A □SELECT □HOUSELEAGUE Does your child want to play Goalie? \square Yes \square No (Do you have goalie Equipment? \square Yes \square No) 2. Do you wish to assist? ☐ Coach (Vulnerable Sector check required) The SMBHL continues its commitment toward the promotion of Fun, Fair play and Good Sportsmanship and will reserve the right to re-align team rosters to create evenly balanced divisions at all ages. Registration Fee:

\$229-☐ \$169- Learn to Play Program □ Family Plan – Save \$10 for every additional child registered □ Cash □ Cheque # Payable to: Sarnia Minor Ball Hockey League □ Visa □ MC # Exp: CVT#: Waiver: In consideration of the Sarnia Minor Ball Hockey League (SMBHL) permitting the player to participate in any of the activities of the SMBHL, I, for myself, my family, heirs, successors, and executors hereby indemnify and hold harmless the SMBHL, its directors, officers, successors, and assigns, from all costs, claims, actions, damages, or liabilities, whatever their nature or however caused, resulting from the participation of the player in any activities of the SMBHL. I hereby grant the SMBHL permission to use the player's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. Parent/Guardian Signature: