



# Ball Hockey League Registration Form

**Player Information**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
First Last Month / Day / Year

Address: \_\_\_\_\_  
No. Street City Postal Code

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Sex: \_\_\_\_\_  
M/F

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

**Sports Experience & Info:**

Ice Hockey: Never Played  House League  Select  "B"  "A"  "AA"  "AAA"

Ball Hockey: Never Played  House League  All Star

Position Preferred (not guaranteed) Goal  Forward  Defence

Players Height: Average  Above  Below  Weight: Average  Above  Below

In an effort to provide fair competition through balanced teams, some players may be transferred between teams during the first part of the season.

**COACHES NEEDED:** Please call 613-396-3432 or email [aconger@deseronto.ca](mailto:aconger@deseronto.ca) if you are interested in coaching a minor baseball or ball hockey team. (Please respond as soon as possible to ensure required Criminal Record Check can be completed before season begins.)

The above mentioned participant(s) has my permission to join in the skating program indicated above. I will provide his/her transportation to and from the program. The above mentioned participant(s) will remain in the program area until the specified time unless supplied with written permission to leave early. The name of the individual picking up the participant(s) will be provided to program staff. It is also understood that the participant(s) will be properly supervised and that reasonable safety precautions will be taken. I am also aware that there are always risks associated with any physical activities. Having knowledge of these risks and being allowed to participate in the program, I hereby assume all risk of injury, damage and liability arising from such activities or use of any equipment and hereby release the Town of Deseronto, its officials, employees and agents of any claims, lawsuits or any personal injury or other consequences occurring to my child/children as a result of their voluntary participation in the activities being registered for.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Cash  Cheque  Debit

Received by: \_\_\_\_\_ Date: \_\_\_\_\_