



# Thunder Bay Women's Hockey Association Inc.

Suite 400 1184 Roland Street Thunder Bay Ontario P7B 5M4

## Registration Form



Player First Name \_\_\_\_\_ Player Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Home Phone \_\_\_\_\_

Postal Code \_\_\_\_\_ Position Played \_\_\_\_\_

Age \_\_\_\_\_ Player Date Of Birth \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Heath Issues \_\_\_\_\_

Mother's Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_

Contact Email Address \_\_\_\_\_ I consent to the use of this email address for TBWHA information. Initial here \_\_\_\_\_ to acknowledge.

We consent to TBWHA reproducing our daughter's photo for promotional and/or yearbook purposes during the season. Initial here \_\_\_\_\_ to acknowledge.

If possible, my child would like to play on the same team as \_\_\_\_\_.

**If your child is interested in the FURY program, you can obtain this information at registration.**

**If your child played hockey previously with ANOTHER organization, PLEASE let us know.**

## PARENTS WILLING TO VOLUNTEER?

**We are always looking for volunteers. If you are willing to help out, please check below.**

☐ Coach/Assistant Coach

☐ Manager/Trainer

☐ Tournament Volunteer

## FOR LEAGUE USE ONLY

☐ Novice

☐ Atom

☐ Pee wee

☐ Bantam

☐ Midget

Group 1

Group 2

Proof of age received \_\_\_\_\_

Payment Received \$ \_\_\_\_\_ Method of Payment \_\_\_\_\_ Received By \_\_\_\_\_

Date Paid \_\_\_\_\_