

OAKVILLE MINOR BALL HOCKEY LEAGUE REGISTRATION FORM

Tel: 289-218-7271

www.oakvillemminorballhockey.com

Player Information:

NAME:		BIRTH DATE: (D)____/(M)____/(YR)_____	
ADDRESS:	CITY:	PC:	

Parent Information:

NAME:	EMAIL:
HOME #:	CELL #:

<input type="checkbox"/> LEARN TO PLAY 2020-2021-2022-2023	<input type="checkbox"/> ADVANCED LEARN TO PLAY 2020-2021	<input type="checkbox"/> UNDER 8 2018-2019	<input type="checkbox"/> UNDER 10 2016-2017	<input type="checkbox"/> UNDER 12 2014-2015	<input type="checkbox"/> UNDER 14 2012-2013	<input type="checkbox"/> JUNIOR 2008-2009-2010-2011
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1. Has your child ever played ice hockey? ___ if yes, level AAA AA A BB B SELECT HOUSELEAGUE
2. Does your child want to play Goalie? Yes No (Do you have goalie Equipment? Yes No)
3. Do you wish to assist? Coach (Vulnerable Sector Check required)

The OMBHL 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: \$249- \$169- Learn to Play Program \$199- Advanced Learn to Play Program

Family Plan – Save \$10 for every additional child registered Cash Cheque # _____ Payable to: Oakville Minor Ball Hockey League

Visa MC # _____ Exp: _____ CVT#: _____

Waiver:

In consideration of the Oakville Minor Ball Hockey League (OMBHL) permitting the player to participate in any of the activities of the OMBHL, I, for myself, my family, heirs, successors, and executors hereby indemnify and hold harmless the OMBHL, 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 OMBHL. I hereby grant the OMBHL 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: _____