CALEDON MINOR BALL HOCKEY LEAGUE REGISTRATION FORM

Tel: 905-699-1471 **E-mail: info@caledonballhockey.com** **www.caledonballhockey.com**

Player Information:

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

Parent Information:

NAME:	EMAIL:
HOME #:	CELL #:

□ LEARN TO PLAY 2020-2021-2022-2023	□ ADVANCED LEARN TO PLAY 2020-2021	□ UNDER 8 2018-2019	□ UNDER 10 2016-2017	□ UNDER 12 2014-2015	□ UNDER 14 2012-2013	□ JUNIOR 2008-2009-2010-2011

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 CMBHL 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: Caledon Minor Ball Hockey League

□ Visa □ MC # _____ Exp: _____ CVT#: _____

Waiver:

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