



MISSISSAUGA BALL HOCKEY LEAGUE REGISTRATION FORM

3636 Hawkestone Road , Mississauga ON L5C 2V2
Tel: 905 268 0682 ext. 24, Fax: 905 738 3321



Player Information:

Squirt
2005-06

Tyke
2003-04

Novice
2001-02

Atom
1999-00

Peewee
1997-98

Bantam
1996-95

Junior
1993-94

Name: _____ Birth Date: (D)____ / (M)____ / (Yr)____

Address: _____ City: _____ Postal Code: _____

Parent Information:

Parent's Name: _____ Parent's Name: _____

Home #: _____ Home #: _____

Cellular #: _____ Cellular #: _____

Email: _____ Email: _____

Questions, Volunteers & Sponsorship:

1. Has your child ever played ice hockey? _____ if yes, which level AAA AA A Select Houseleague
2. My child is a: Player Goalie Experience: Yes No , if yes , how many years _____
3. Did your child play ball hockey last year? _____ If yes, which coach? _____
4. Does your child have any friends / relatives they wish to play with? If yes, please note the individuals (ONLY 2).

NOTE: The executive will attempt to facilitate your request based on the space available.

5. Do you wish to assist? (✓) area of preference, Head Coach Assistant Coach Sponsor

Registration Fee: \$109.99 (\$129.00 after September 5th)

Early Bird Plan
Register before September 5th.

Child's Jersey Size

Received by: _____ Cash Cheque # _____ Payable to: Rink City Sportsplex

Credit Card Visa MC AMEX # _____ Exp: _____ CVT# _____

Waiver:

In consideration of Rink City Sportsplex permitting the player to participate in its programs, I, for myself, my family, heirs, successors, and executors hereby indemnify and hold harmless the GTMBHA, Mississauga Ball Hockey League, Rink City Sportsplex, their 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 these activities or while on the premises of Rink City Sportsplex, also known as Ultimate Sportsplex.

Parent/Guardian Signature: _____

Notes:

CC Approval # _____