

PLAYER REGISTRATION FORM

Greater Victoria Minor Ball Hockey

CLUB: SAANICH__ WESTSHORE__ PENINSULA__

Last Name: _____ Division: _____

First Name: _____ Date of Birth (yyyy-mm-dd): _____

Address: _____ Gender: Male / Female _____

City, Postal Code _____ BC Medical #: _____

E-Mail: _____ Family Physician: _____

Home Phone: _____ Physician Ph#: _____

Cell Phone: _____ Medical Concerns: _____

Team and Experience Information

Goaltender: **Yes / No** (please circle one) If yes, years of goaltender experience: _____

Last Year's Team and Division: _____

Years of experience in Ball Hockey: _____ Ice Hockey _____ : Soccer _____ : Lacrosse: _____

Do you play any other sport during ball hockey season? _____

Parent's Information:

Name: _____ Phone No: _____

Name: _____ Phone No: _____

Emergency Contact:

Name: _____ Contact Number: _____

Relationship: _____

Agreement:

I hereby agree to follow the rules and regulations of the Greater Victoria Minor Ball Hockey Association. I hereby authorize the Greater Victoria Minor Ball Hockey Association and anyone acting on their behalf to seek emergency medical treatment as required. In consideration of this application to play under the auspices of the Greater Victoria Minor Ball Hockey Association, I do hereby and for myself, my child and their parents, guardians, heirs, executors, administrators and assigns remise, release and forever discharge the Greater Victoria Minor Ball Hockey Association and West Coast Minor Ball Hockey Association, their officers, successors, member associations and anyone acting on their behalf from all damage claims, litigation or demands in law or in equity which I or my child may have or acquire by reason of personal injury, loss or damage to person or property which may occur during or by reason of participation in games, practices, or other team functions, held under the jurisdiction of the Greater Victoria Minor Ball Hockey Association and West Coast Minor Ball Hockey Association.

I/We understand that throughout the season pictures may be taken to be used for advertisement on the (Enter your leagues name) website and authorize the Greater Victoria Minor Ball Hockey Association do so.

I/We understand that Greater Victoria Minor Ball Hockey Association **does not** guarantee any ride affiliations with exceptions to brothers/sisters only.

I understand that all volunteer positions are subject to criminal reports at the (Enter your leagues name) discussion.

Signature of Parent/Guardian: _____ Date: _____

Leagues Use Only Payment Received From:

Registration Fees \$ Cash _____ / Cheque No. (S) _____ Code of Conduct's Signed: Yes / No