



BALL HOCKEY REGISTRATION FORM

PLAYER INFORMATION

Full Name : _____ Birth Date :

Address Street: _____

City : _____ Postal Code _____

Division: Please Circle

U7 (age 5-6) 5:30 - 6:30 pm

U9 (age 7-8) 5:30 - 6:30 pm

U11 (age 9-10) 6:30 - 7:30 pm

U13 (age 11-12) 6:30 - 7:30 pm

U15 (age 13-14) 6:30 - 7:30 pm

U18 (age 15-17) 6:30 - 7:30 pm

Required Equipment

- Helmet/Facemask
- Gloves
- Shin Pads
- Stick

Initial: _____

EMERGENCY CONTACT DETAILS

Primary Contact:

Parent/Guardian: _____ Home Number : _____

Email : _____ Mobile Number : _____

Secondary Contact:

Parent/Guardian: _____ Home Number : _____

Email : _____ Mobile Number : _____

LIABILITY STATEMENT

In consideration of the acceptance of this registration and the permission to allow the player, _____ to participate in a program sponsored by the Township of Seguin, I hereby waive and forever discharge the Township of Seguin, it's employees, agents, officers and elected officials from all claims, damages, costs and expenses in respect to injury or damage to person or property, however caused, which may result from participation in the program.

Parent/Guardian: _____

Signature : _____

Date : _____

PROGRAM POLICIES

The Township of Seguin reserves the right to withdraw, postpone, or cancel the program at any time