

INNISFIL BALL HOCKEY CLUB

2010 REGISTRATION FORM innisfilballhockey.com

Please mail completed, signed form with correct payment to: Innisfil
Ball Hockey Club 2037 Lilac Drive, Innisfil Ontario L9S 1Y9
Questions? registration@innisfilballhockey.com

Office Use Only

Date: _____

Division: _____

Payment: _____

Birth Certificate Checked Y N

Registered By: _____

Name of Child _____ Date of Birth _____
Last First Day Month Year

Boy _____ Girl _____ Street Address _____

Phone _____ City/Town _____ Postal Code _____

Email Address _____

Mom's Name _____ Dad's Name _____

Ball Hockey Experience _____ Provincial Team Experience _____

Ice Hockey Experience _____ Rep Team Level _____

Position Preferred (Not Guaranteed) Goal Forward Defence

Would you're son/daughter be interested in trying out for our Provincial team which will represent Innisfil Ball Hockey at the OBHA Ontario Provincial Championships being held in July 2010. YES NO

I give permission for the above named child to participate in Innisfil Ball Hockey Club activities including publication of said child's name/picture. I further agree that the Innisfil Ball Hockey Club executive, sponsors, coaches, volunteers or any other affiliated bodies will not be held responsible or liable for any injury that may occur to said child while playing ball hockey or participating in any Innisfil Ball Hockey Club activities

Parent/Guardian Signature _____ Date _____

Please use this section if you wish to volunteer

- Division Convenor
- Coach or assistant coach (please indicate experience if any) _____
- Scorekeeper (paid)
- Referee (paid)
- Sponsorship

Name _____ Phone _____

