



Innisfil Ball Hockey Club

www.innisfilballhockey.com

2012 Registration Form

Please mail completed and signed form with correct payment to:
Innisfil Ball Hockey Club, 1903 Swan Street, Innisfil, ON L9S 0B3

Office Use Only	
Date:	_____
Division:	_____
Payment:	_____ <input type="checkbox"/>
Birth Certificate:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Registered By:	_____

Child's Name: _____ Date of Birth: _____
LAST NAME FIRST NAME DAY MONTH YEAR

Street Address: _____ Boy Girl

City/Town: _____ Postal Code: _____ Phone: _____

Email Address: _____

Mother's Name: _____ Father's Name: _____

Ball Hockey Experience: _____ Provincial Team Experience: _____

Ice Hockey Experience: _____ Rep Team Level: _____

Would your 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 2012?	<input type="checkbox"/> Yes	Position Preferred (Not Guaranteed)
	<input type="checkbox"/> No	
		Goalie <input type="checkbox"/>
		Forward <input type="checkbox"/>
		Defence <input type="checkbox"/>

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: _____

If you would like to help or volunteer for the Innisfil Ball Hockey Club, please fill out this section below.

- Division Convenor
- Coach or Assistant Coach (please indicate experience if any) _____
- Scorekeeper (paid)
- Referee (paid)
- Sponsorship Opportunities Available
- Media Representative

Name: _____ Phone: _____ Email: _____

A Game Anyone Can Play!