REGISTRATION FORM

Please send completed registration form to Dale Conacher at dale@wavesports.ca

WAVE ADULT HOCKEY LEAGUE (WAHL) SPRING/SUMMER 2026

Team Rep Name: _____

Address: _____

City: _____ **Province:** _____

Country: _____ **Postal Code:** _____

Home Phone: _____ **Cell Phone:** _____

Participant's Date of Birth (yyyy/mm/dd): _____ /_____ /_____

Email: _____

Team Name: _____

Preferred Skill Level: ❑ C ❑ D ❑ E ❑ 40+

Preferred Game Night (Please pick top 2 choices - Mark 1 for 1st choice and 2 for 2nd choice):

___ Mon ___ Tues ___ Wed ___ Thurs

League Pricing

-Team Entry - $5575.22 +HST = $6300 (minimum $1500 deposit required upon registration)

Team Payment Plan:

$1500 deposit upon registration
$1600 April 30, 2026
$1600 May 29, 2026
$1600 July 10, 2026

PAYMENT DETAILS

Payment Options: ❑ E-transfer (to dale@wavesports.ca) ❑ Visa ❑ Mastercard ❑ Amex

Credit Card #: _____ **Expiry:** _____ / _____ **CVD/CVV:** _____

❑ I authorize to charge the credit card as per the payment plan specified above **Signature** _____

WAHL TERMS & CONDITIONS: THE PLAYER ASSUMES ALL RISK OF PERSONAL INJURY WHICH MAY RESULT FROM PARTICIPATION IN ALL ACTIVITIES OF THE WAVE ADULT HOCKEY LEAGUE (WAHL). THE PLAYER WILL NOT HOLD WAHL, ANY OF WAHL'S OFFICIALS, STAFF, OWNER OR PROPRIETOR OR EMPLOYEES OF ANY ICE FACILITY USED BY THE WAHL, LIABLE FOR INJURY WHICH THE PLAYER MAY SUSTAIN WHILE PARTICIPATING IN ANY WAHL ACTIVITY. THE PLAYER UNDERSTANDS AND AGREES THAT THE SPORT OF ICE HOCKEY HAS PHYSICAL DANGERS WHICH MAY RESULT IN SERIOUS INJURY OR DEATH. THE PLAYER IS ADVISED TO CARRY MEDICAL INSURANCE. THE PLAYER CERTIFIES THAT HE/SHE HAS NO KNOWN MEDICAL CONDITION WHICH WOULD PROHIBIT HIM/HER FROM PLAYING THE SPORT OF ICE HOCKEY. I UNDERSTAND THAT I AM PERMITTING WAVE HOCKEY INC. TO USE MY EMAIL ADDRESS FOR COMPANY-RELATED COMMUNICATIONS. I THE UNDERSIGNED AGREE TO ALLOW WAVE HOCKEY INC AND/OR ITS RELATED COMPANIES TO USE THE PARTICIPANTS' NAMES AND OR PICTURES FOR ADVERTISING PURPOSES.

Name: _____ **Signature:** _____ **Date:** _____