

SHELBURNE MINOR BALL HOCKEY LEAGUE REGISTRATION FORM

Tel: 1-855-611-PLAY (7529)

E-mail: info@shelburneballhockey.com

www.shelburneballhockey.com

Player Information:

NAME:		BIRTH DATE: (D) ____/(M) ____/(YR) ____	
ADDRESS:	CITY:		PC:

Parent Information:

NAME:		EMAIL:				
HOME #:		CELL #:				
☐ LEARN TO PLAY 2021-2022-2023-2024	☐ ADVANCED LEARN TO PLAY 2021-2022	☐ UNDER 8 2019-2020	☐ UNDER 10 2017-2018	☐ UNDER 12 2015-2016	☐ UNDER 14 2011-2012	☐ JUNIOR 2009-2010-2011-2012

- Has your child ever played ice hockey? ____ if yes, level ☐AAA ☐AA ☐A ☐BB ☐B ☐SELECT ☐HOUSELEAGUE
- Does your child want to play Goalie? ☐ Yes ☐ No (Do you have goalie Equipment? ☐ Yes ☐ No)
- Do you wish to assist? ☐ Coach (Vulnerable Sector check required)

The SMBHL continues its commitment toward the promotion of Fun, Fair play and Good Sportsmanship and will reserve the right to re-align team rosters to create evenly balanced divisions at all ages.

Registration Fee: ☐ \$249- ☐ \$179- Learn to Play Program ☐ \$209- Advanced Learn to Play Program

☐ Family Plan – Save \$10 for every additional child registered ☐ Cash ☐ Cheque # _____ Payable to: Shelburne Minor Ball Hockey League

☐ Visa ☐ MC # _____ Exp: _____ CVT#: _____

Waiver:

In consideration of the Shelburne Minor Ball Hockey League (SMBHL) permitting the player to participate in any of the activities of the SMBHL, I, for myself, my family, heirs, successors, and executors hereby indemnify and hold harmless the SMBHL, its directors, officers, successors, and assigns, from all costs, claims, actions, damages, or liabilities, whatever their nature or however caused, resulting from the participation of the player in any activities of the SMBHL. I hereby grant the SMBHL permission to use the player's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

Parent/Guardian Signature: _____