

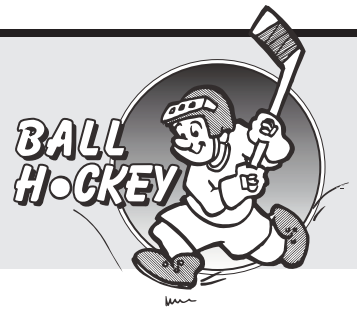


REGISTRATION FORM

Minor Ball Hockey League

www.canadianhockeyacademy.com

Cost: \$166.00 + \$9.50 Insurance + HST \$22.82 = \$198.32



PLAYER INFORMATION

NEW PLAYER RETURNING PLAYER

Name: _____ Birth date: _____
First Last Month Day Year

Address: _____
No. Street City Postal Code

Tel.: _____ Cell: _____ Sex: _____

Parent/Guardian: _____ E-mail: _____

SPORTS EXPERIENCE & INFORMATION - Highest Level Played Last Year

ICE HOCKEY: Never Played House League Select "B" "A" "AA" "AAA"

BALL HOCKEY: Never Played House League All Star

POSITION PREFERRED (Not guaranteed) Goal Forward Defence

PLAYERS HEIGHT: Average Above Below

PLAYERS WEIGHT: Average Above Below

I WOULD LIKE TO BE WITH: _____

In an effort to provide fair competition through balanced teams, some players may be transferred between teams during the first part of the season.

CAN YOU HELP US?

COACH ASSISTANT COACH ORGANIZER CONVENOR

RELEASE

Canadian Hockey Academy Inc., (CHA), I, the undersigned parent / guardian, hereby release and discharge CHA from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injury suffered by my child or incurred by me and resulting directly or indirectly from the participation of such child in such program. I hereby undertake to indemnify the CHA, its agents and staff and hold them from and in respect of any and all claims, demands, actions and/or proceedings which may be brought about as a result of participating in the aforesaid program. Moreover, any cost and expenses incurred in defending any and all claims, demands, actions and proceedings shall be the responsibility of the said parent / guardian. Furthermore, I give permission for my child's photo to be used in any CHA promotional material.

Parent of Guardian Signature: _____ Date: _____

PAYMENT

The Canadian Hockey Academy has received payment for player registration.

Amount \$ _____ Cash Cheque Visa Mastercard

Credit Card # _____ Expiry Date: _____

Received By: _____ Date: _____

Mail to: 5929L Jeanne D'Arc Blvd., Suite 120, Orleans, ON K1C 7K2 Tel.: 613-833-9090 Fax: 613-800-0858