

4 ON 4 SPRING HOCKEY REGISTRATION

Name: _____

Player \$100.00 Goalie \$50.00 (includes HST)

Level Currently Playing: Local League
 AE
 A
 AA
 AAA



Name of Last Team: _____

Date of Birth: _____

Name of Parent: _____

Emergency Contact #: _____

Email Address: _____

Mailing Address: _____

Teammate Request: _____

One request only please

I give approval for my son/daughter to participate in all activities and events of the WMHA 4on4 spring hockey league. I do waive, release, and absolve any accidents to such participation. I do waive, release, absolve, indemnify and agree to hold harmless Woolwich Minor Hockey Association. I certify that my son/daughter is in good physical and mental health and able to participate in the physical activity of this league. I acknowledge that I have read and understand the conditions of this application and agree to the conditions.

Signature of parent: _____

Date: _____



Office Use Only

Payment Received? _____

Team Assignment: _____