



WASAGA BEACH MINOR HOCKEY ASSOCIATION



2018-2019 REGISTRATION FORM

PLAYER INFORMATION

Player's Name: _____
First Last

Date of Birth: _____ Gender: M / F
Year Month Day

Player's Address: _____
Street City Postal Code

Position: F / D / G Rep: Yes / No AAA/AA/A Only: PTS / NRP

PARENTS INFORMATION

Mother's Name: _____
First Last

Mother's Address: _____
Street City Postal Code

Mother's Contact Information: _____
Email Phone

Father's Name: _____
First Last

Father's Address: _____
Street City Postal Code

Father's Contact Information: _____
Email Phone

FOR OFFICE USE ONLY

Date of Registration: _____ Division: _____
Year Month Day

REGISTRATION ACKNOWLEDGMENTS

I, the parent/guardian of the above-named player, hereby consent to his/her participation in the activities of the Wasaga Beach Minor Hockey Association (WBMHA). I understand it will be compulsory for my child to wear protective equipment as specified by the OMHA.

I hereby waive my right of action, causes of action, suits, debt, covenants, contracts, claims and demands whatsoever which I may have or which my heirs, executors, administrators or assigns, or any of them hereafter can, shall or may have for or by reason of any cause, matter or thing whatsoever arising out of the said activities of the WBMHA or the traveling to or from any such activity.

And I covenant to save harmless from and indemnify against manner or actions, suits, debts, covenants, contracts, claims and demands made against the WBMHA by reason of any acts or omissions of the said child causing damage to any property or injury to any person.

I have read and understand the above waiver. In addition, I am aware that I will be called upon to provide assistance at WBMHA tournaments, games and at other fundraising projects. This time will be credited towards the bond hours required, the fulfillment of which will prevent the cashing of my bond cheque.

I am also aware that the WBMHA website www.wasagaminorhockey.com contains WBMHA's Rules of Operations and Constitution and that it is my responsibility to familiarize myself with these important documents that govern WBMHA. I also understand that my child's coach will establish Player Rules and a code of conduct that my child will be expected to follow.

I also understand that my child and/or myself could face disciplinary action for failing to comply with Hockey Canada, OHF, OMHA, or WBMHA rules, regulations, or policies.

Parent Signature

Player Signature (if 18 or over)

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Hockey Canada ID: _____

Registration Fee: \$ _____

Cheque # _____

Bond Cheque # _____

Rep Tryout Fee: \$ _____

Cheque # _____

Remarks: _____