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| (Please Print) PLAYER INFORMATION |

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| Surname: | First Name: | Gender: M or F |
| Birthdate: | Address: | City: |
| Postal Code: | Home #: |  |
| Mother: | Email: | Cell #: |
| Father: | Email: | Cell #: |
| Medical Conditions (if any) |  |  |

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| **HOCKEY HISTORY (LAST SEASON)** | | | | |
| **SEASON** | **ASSOCIATION** | **DIVISION** | **LEVEL** | **POSITION** |
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| **SIGNATURE AND WAIVER** | | | | |
| I, the undersigned, certify the above information to be true. I agree to abide by the rules, regulations and decisions of WBMHA and/or the Executive Board. The information above is collected for all registered participants and is required by WBMHA to facilitate its hockey programs and to administer the rules that govern sanctioned events. WBMHA treats this information with the utmost respect and in accordance with the Freedom of Information and Protection of Privacy Act, 1990, at all times.    I hereby acknowledge the authority of the WBMHA and agree to carry out and abide by the By-Laws and Rules of Operation of the Association. I have read and understand the above waiver.  RELEASE: I am aware that it is a condition of participation in an activity and/or program provided by Wasaga Beach Minor Hockey Association, and/or the Executive, that the participant does so at his/her sole risk and that the Wasaga Beach Minor Hockey Association, and/or the Executive, is not liable for any loss, damage, injury or ambulance service resulting from or in connection with such participation.    I have read and understand the Registration Policy 2020-2021. Refunds will be in accordance with the Refund Policy noted in the Rules of Operations.  In addition, I am aware that it is my choice to allow my child to participate during these times of COVID-19. I acknowledge that Wasaga Beach Minor Hockey is not liable should my child and/or family member contract COVID-19 from another player or anyone entering the Wasaga Stars Arena.    **€ I agree to receive electronic communication from WBMHA.** | | | | |

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| **Parent/Guardian Signature (if player is under 18)** | **Date:** |
| **Player Signature (if player is over 18)** | **Date:** |

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| **FOR OFFICE USE ONLY** |

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| **€ Birth certificate (for new players)** | **€ Transfer copies (for new players)** |
| **WBMHA Signature:** |  |
| **Player Division:** |  |
| **Hockey Season: 2020/2021** |  |
| **TOTAL FEES DUE For September: $ 50** |  |
| **Paid in Full: YES NO** |  |
| **Posted to HCR: \_\_\_\_\_\_\_** |  |