



MAILING ADDRESS:
 70C Mountjoy St., N.,
 Suite #230
 Timmins,
 Ontario P4N 4V7

RINK ADDRESS:
 537 Riverside Pavillion
 Timmins, Ontario

Office: 705-360-5081
Fax: 705-360-5082

PLAYER REGISTRATION

Date: _____

Registration Fee per Season Per Player:

Youth 18 and Under \$90.00 + GST Adult, 19 and Over \$100.00 + GST

Payment Information:

Total Investment for All Participants \$ _____
 G.S.T.(7%) \$ _____
 Total Payment Due with Form: \$ _____
 Payment By: VISA MC Cash Cheque
 Credit Card # _____ Exp. _____

Where Everyone Can Play

www.gameonballhockey.com
 contact@gameonballhockey.com

Cancellations

All cancellations will be subject to a \$50.00 Administration Fee prior to the start of the preferred outdoor ball hockey season. No money will be refunded if the player fails to register for league play or fails to pay any remaining balance.

Player Number #1 Are You a New Player Registering for the First Time: Yes No

Name: _____ Players Position: (Please Circle) Player Goalie

Players Birthdate: _____ MONTH / DATE / YEAR Players Disabilities: (Health) _____

Which Season of League Play are You Registering For: (Please Circle)
 Spring - (March - May) Summer - (June - August) Fall - (September - November)

Circle Division: **Youth Divisions** 4-6 7-9 10-12 13-15 16-18 **Adult Divisions** **MEN'S** A B C D OVER 35 OVER 45 **LADIES** **CO-ED**

Player Number #2 Are You a New Player Registering for the First Time: Yes No

Name: _____ Players Position: (Please Circle) Player Goalie

Players Birthdate: _____ MONTH / DATE / YEAR Players Disabilities: (Health) _____

Which Season of League Play are You Registering For: (Please Circle)
 Spring - (March - May) Summer - (June - August) Fall - (September - November)

Circle Division: **Youth Divisions** 4-6 7-9 10-12 13-15 16-18 **Adult Divisions** **MEN'S** A B C D OVER 35 OVER 45 **LADIES** **CO-ED**

Player Number #3 Are You a New Player Registering for the First Time: Yes No

Name: _____ Players Position: (Please Circle) Player Goalie

Players Birthdate: _____ MONTH / DATE / YEAR Players Disabilities: (Health) _____

Which Season of League Play are You Registering For: (Please Circle)
 Spring - (March - May) Summer - (June - August) Fall - (September - November)

Circle Division: **Youth Divisions** 4-6 7-9 10-12 13-15 16-18 **Adult Divisions** **MEN'S** A B C D OVER 35 OVER 45 **LADIES** **CO-ED**

Release and Indemnity Each parent / player agrees and understands that participation of the sport constitutes a risk of serious injury, including permanent paralysis or death. As an applicant and/or participant, agree that Game On Outdoor Ball Hockey and all affiliates will not be held responsible for any accident or loss and also to release the aforementioned from all claims and/or damages which may arise from any such accident or loss.

Date: _____ Signature of Player / Parent / Guardian: _____

Parents Name: _____ Address: _____ City: _____
Parents/Guardian information required for Players under the age of 19.

Province: _____ Postal Code: _____ Email Address: _____

Phone: _____ Emergency Phone : _____