



2017 Lady Lynx Ball Hockey Registration Form

Please Print Clearly

PLAYER'S
NAME: _____

CELL PHONE: () _____

HOME PHONE: () _____

E-MAIL ADDRESS: **(IMPORTANT!)**

MAILING ADDRESS:

DATE OF
BIRTH: / /
 DAY MONTH YEAR

(Minimum age for Lady Lynx players is 30,
with the exception of full-time goalies.)

- SKILL LEVEL: 1. Inexperienced
2. Some ability
3. Average ability
4. Above-average skill

TEAM (if known):

Are you the team's full-time goalie?: Yes No

PLEASE INDICATE IF YOU WOULD BE INTERESTED
IN BEING A:

- Goalie Coach
 Sponsor Assistant Coach

WAIVER: I hereby release the North York Lynx Ball Hockey League and their representatives from all claims and damages arising from any accidents or injuries which arise from any participation of the applicant in the activity or in any of the locations where the activity is held.

I have enclosed a cheque for \$135 (\$75 for full-time team goalies), made out to the
North York Lynx Ball Hockey League.

I have read, and I accept the above Waiver.

X

Player's Signature

TODAY'S DATE:

_____/_____/_____
Day Month Year

**PLEASE RETURN AS SOON AS POSSIBLE:
SPOTS ARE LIMITED!**

NORTH YORK LYNX BALL HOCKEY LEAGUE
946 Lawrence Ave. East, Unit 2
P.O. Box 47621, Don Mills, ON M3C 3S7

www.northyorklynx.com
email: northyorklynx@rogers.com
phone: (416) 258-1802