Spring 2020 Ball Hockey Registration Form

JUVENILE DIVISION

for Players born 1999, 2000, 2001, 2002

Please Print Clearly

PLAYER'S NAME: _____

MALE ☐ FEMALE ☐

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

_____

MAILING ADDRESS:

_____

_____

_____

BIRTHDAY: _____/_____/_____
DAY MONTH YEAR

PLEASE ENCLOSE A PHOTOCOPY OF THE APPLICANT'S BIRTH CERTIFICATE (New registrations only.)

ICE HOCKEY LEVEL:

1. ☐ No ice hockey experience
2. ☐ House league level ice hockey
3. ☐ "Select" level ice hockey
4. ☐ "A" level ice hockey
5. ☐ "AA" level ice hockey
6. ☐ "AAA" level ice hockey

PLEASE INDICATE IF YOU WOULD BE INTERESTED IN BEING A:

☐ Coach ☐ Assistant Coach
☐ Sponsor ☐ Provincial Conveynor

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 $150, made out to the **North York Lynx Ball Hockey League.**

☑ I have attached a photocopy of the applicant's Birth Certificate. (New registrations only.)

☑ I have read, and I accept the above Waiver.

_____
Name

X _____
Signature

( )_____ ( )_____
Home Phone Cell Phone

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

PLEASE NOTE: All players register as individuals. Teams will be created and balanced based on the skill level submitted on the players' registration forms. All attempts will be made during the creation of teams to honour requests to play with a friend, but requests are not guaranteed. Player movement from team to team is possible during the season, and your cooperation is appreciated should this involve your son or daughter.