



Niagara's Local Ball Hockey

Registration Form 2023

Parent/Guardian Information		
Name (First & Last):		
Address, City & Postal Code	Street: _____ Apt #: _____ City: _____ Province: ____ Postal Code: _____	
Telephone number:		
Email Address:		
Athlete's Information		
Name (First & Last):		
D.O.B. (YYYY/MM/DD):		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say
Shirt Size	<input type="checkbox"/> Extra Small <input type="checkbox"/> Small <input type="checkbox"/> Medium	<input type="checkbox"/> Large <input type="checkbox"/> Extra Large **All sizes are youth
Sibling(s)	1) _____	2) _____
Friend Request	1) _____	2) _____
Are you a return player?	<input type="checkbox"/> Yes Year: _____	<input type="checkbox"/> No
Skill Level	<input type="checkbox"/> Never played before <input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Be as accurate as possible. If we do not have enough individuals for more than two teams, skill level is used to divide the teams up evenly so each team has an equal amount of advanced, intermediate, & beginner players between them. In which case lines would be played by level/age.		
Niagara's Local Ball Hockey requires all participants under the age of 18 to wear a helmet with a full face mask, gloves and shin pads.		
I authorize the use and publishing of any photographs taken during ball hockey events of		

See reverse for additional information

ME/MY child, or in which I/THEY may be included for editorial trade, advertising and/or any purpose and in any manner and medium: and to alter the same without restriction. I hereby consent to subscribe to emails from localballhockey@outlook.com

HOLD HARMLESS

I, the applicant and WE/I the parent(s) of the applicant (if under 18) hereby give approval for my child's participation in any and all league activities during the current season. I/WE assume all risks and hazards incidental to such participation, including special events, transportation to and from the activities and I/WE hereby waive, release, absolve indemnity and agree to hold harmless the supervisors, officials, sponsors, organizers, and owners of the premises.

By choosing to participate in the league, you agree that you do so at your own risk, are voluntarily participating in these activities, assume all risk of injury to yourself/child(ren), and agree to release and discharge Niagara's Local Ball Hockey from any and all claims, losses, damages or causes of action arising out of such use.

By registering, you also agree to receive emails from Niagara's Local Ball Hockey.

I accept the terms & conditions.

X	X	
Parent/Guardian	Witness	Date (YY/MM/DD)

How did you hear about us?

Family/Friend

Social Media
(Facebook/Instagram)

Website

Other: _____

ADMINISTRATIVE ONLY

Management Name: _____

Signature: _____

This athlete has registered for: _____ league.

Payment Received (Date): _____

Spring _____ Summer _____ Fall _____

Method of payment: Cash Amount \$: _____ e- transfer date received: _____

See reverse for additional information