

OAKVILLE - REP REGISTRATION FORM
www.PlayBallHockey.com

Player Information:

Name: _____ Birth Date (YYYY/MM/DD): _____
Address: _____ City: _____ Postal Code: _____
Position: Player ____ Goalie ____ Previous ball hockey experience Y/N? ____ Which program? _____
Highest level of ice hockey you have played? (Circle 1) AAA AA A Select Houseleague None

Parent / Guardian Information:

Father's Name : _____ Mother's Name : _____
Home #: _____ Cell #: _____ Home #: _____ Cell #: _____
Email: _____ Email: _____

Note: Our primary method of communication is by email so please provide frequently used email addresses and make sure we are not blocked by your spam software. We will NOT call registrants unless required.

Release Of Liability (must be signed by parent or guardian)

In consideration of your participation in the **Oakville Minor Ball Hockey League** as a player, official or any other capacity, I, the undersigned, hereby release, discharge, relinquish, give up, forego, waive and otherwise completely exonerate the **Oakville Minor Ball Hockey League**, its directors, officials, players, coaches, representatives, sponsors or others acting on behalf of the **Oakville Minor Ball Hockey League**, of any liability, responsibility, culpability, or other basis upon which they may otherwise be liable for any such injury, illness, disability, incapacitation, death or other physical ailment which might arise in connection with my participation in the **Oakville Minor Ball Hockey League** activities.

This is intended to be a full release, waiver and relinquishment, giving up, foregoing, and discharging any and all claims or damages of any kind, character or description against the **Oakville Minor Ball Hockey League** and any of its agents, directors, officials or other acting on its behalf as might arise during or as a result of my participation in the activities of the **Oakville Minor Ball Hockey League** and I further specially assume all risks arising as a result of my participation in **Oakville Minor Ball Hockey League** activities. I also permit the **Oakville Minor Ball Hockey League** to use any photos, videos or any other form of media of myself/child for promotional or advertising material. By providing my email I permit the OMBHL to email me at the OMBHL's discretion. I am aware of the UNSUBSCRIBE option available on all emails received.

This instrument is signed by me voluntarily and I will hold all parties mentioned herein and each of them free and clear from any responsibility by any reason of my participation or otherwise being involved in the **Oakville Minor Ball Hockey League** and will hold each of the parties mentioned herein safe and otherwise harmless from any claims, court costs, attorneys' fees or other expenses whatsoever caused by any suit or injury for damages brought by me or by anyone on my behalf.

Parent/Guardian Signature _____

Please select appropriate option:

I want to play Weekend House League and Tryout for Oakville Rep Team _____
(please complete the House League Registration at OMBHL.com and send in this form for Bandits REP Tryouts)

I ONLY want to Try Out for the Oakville Rep Team & will NOT be playing Weekend House League _____
(please complete this form and submit to the office ASAP)

Please email form to info@hmbhl.com or fax to 905-681-8497