



2010 REGISTRATION FORM
Springwater Parks and Recreation
LADIES BALL HOCKEY



PLAYER INFORMATION

PREVIOUS TEAM: _____

Name: _____

Address: _____
No. Street City Postal Code

Home Phone: _____ Cell phone: _____

Email: _____

Health Concerns: _____

T-Shirt Size: XL LARGE MEDIUM SMALL

Are you aware that this is a non-competitive recreational league: YES NO

Each team is required to fill the position of goalie, either on a rotating basis for each player on the team or as a full time position. Are you interested in playing full time and/or do you have equipment?
GOALIE **GOALIE EQUIPMENT**

In consideration of the Township of Springwater Parks and Recreation Department permitting the player to participate in any of the activities of the Ball Hockey Program, I, for myself, heirs, successors, and executors hereby indemnify and hold harmless the Township of Springwater, the Parks and Recreation Department, staff and volunteers from all costs, claims, actions, damages or liabilities, whatever their nature or however caused, resulting from participation of the player in any activity dealing with the Township of Springwater Ball Hockey Program.

Participant: _____ Date: _____

SPRINGWATER PARKS AND RECREATION DEPARTMENT HAS RECEIVED PAYMENT FOR ABOVE:

Amount: \$57.75 Cash _____ Cheque _____ Debit _____

Received By: _____ Date: _____