



2010 REGISTRATION FORM

Springwater Kids Ball Hockey

PLAYER INFORMATION:

Name: _____ Birth date / /
Month Day Year

Address: _____
No. Street City Postal Code

Home Phone: _____ Cell Phone: _____ Sex: _____

Parent/Guardian: _____ Email: _____

Health Concerns: _____

Allergies: _____

Health Card Number: _____

**Circle
One:**

Ages 4 & 5
Monday Nights
5:30 - 6:25

Ages 6 & 7
Monday Nights
6:30 - 7:25

Ages 8 & 9
Thurs. Nights
5:30 - 6:25

Ages 10 & 11
Thurs. Nights
6:30 - 7:25

CAN YOU HELP US?

Your league is run by volunteers and we need some!

Coach **Assistant Coach**

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.

Parent/Guardian: _____ Date: _____

SPRINGWATER PARKS AND RECREATION DEPARTMENT HAS RECEIVED PAYMENT FOR ABOVE:

Amount: **\$55.00** Cash _____ Cheque _____

Received By: _____ Date: _____