

LSLAA Youth Ball Hockey Registration2018

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: Youth S\_\_\_\_ M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_ Adult XS\_\_\_\_ S\_\_\_\_ M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_

Player Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Part Tim/Full Time Goalie\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Interested in Coaching/Volunteering:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Made $60:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form of Payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Consideration of the Applicant’s participation in the LSLAA Youth Ball Hockey League, the Applicant agrees the The Shores Recreation Center, The Legacy Center & and the LSLAA, its properties, participants, and employees, will not be responsible for any accident or loss however caused, and agrees to release them from all claims and damages which may arise as a result of such accident or loss. In the event that the Applicant in incapacitated, or if the Applicant is a child, I herby give you permission to seek out any necessary medical assistance the Applicant may require while attending the program. In signing the Application acknowledges the he/she has read and understands the condition and certifies that he/she is in good physical shape and mental health.

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand all the rules of the LSLAA Youth Ball Hockey League and will play within them

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please make Cheques payable to Lambton Shores Lightning Athletic Association.

\*\*Follow us on our website www.lslaa.ca