

HALDIMAND 3 ON 3 (2012)

Registration Form

Price including jersey -- \$215.00 (includes HST)

Please print, all fields are required -- Once completed, please fax to 905-765-0055 or email to info@haldimand3on3.com

OFFICE USE ONLY

T/N	<input type="checkbox"/>	A	<input type="checkbox"/>
PW	<input type="checkbox"/>	B	<input type="checkbox"/>
M	<input type="checkbox"/>		

PERSONAL INFORMATION

Parent/Guardian Name: _____

Participant Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Home Phone: _____ Work/CellPhone: _____

Email address

(IMPORTANT): _____

Emergency Contact Name & Number: _____

Participants Date of Birth (yyyy/mm/dd): _____ / _____ / _____

Male / Female (please circle)

HOCKEY RELATED INFORMATION

1. Current Level of hockey (please circle):

DID NOT PLAY REP AE HOUSE OTHER (please specify) _____

2. Position: PLAYER or GOALIE (please circle)

3. Did you play Haldimand 3 on 3 last year: YES or NO

4. Would the parent/Guardian be willing to help on the bench? YES or NO

FINANCIAL

Payment method (please indicate): Cash _____ Cheque _____ Online _____

Amount Paid: \$ _____

*** \$50 downpayment required to hold spot – Full balance due by March 31, 2012 ***

Mail cheques (and registration form if not faxed to): Haldimand 3 on 3, P.O. Box 2188, Caledonia, ON, N3W 2G6

Registration cancellations are subject to a \$25 service charge

The undersigned is responsible for the conduct of the player while participating in this program. The player shall be governed by the rules established by Haldimand 3 on 3 Inc. It is understood that the undersigned person of legal age or legal guardian shall not hold Haldimand 3 on 3 Inc. or their instructors, administrators, officials, or the facility used liable in the event of injury or loss in any manner whatsoever. I specifically waive, give up and release Haldimand 3 on 3 Inc., its related companies and their staff from all liability for any claim for damages which I may have relating to injuries or illness that my son or daughter may sustain. By signing this waiver, I also certify that my son or daughter is in good health, with no chronic illness or abnormal tendencies. The player listed above is registered under the care of the undersigned and assumes all risks through enrollment in this program with the understanding that although play is "non contact", it consists of physical interaction, capable of injury. The player must wear all approved hockey equipment, including helmet, full face mask, shin pads, elbow pads, hockey gloves, hockey pants, shoulder pads, mouthguards and hockey shirt. Hockey is a hot sport and all parents are responsible to ensure their son or daughter consumes water before, during and after each session. I have read and understand all items on this registration form.

Parent/Guardian

Signature: _____ Date: _____