REGISTRATION FORM

Kingston Minor Ball Hockey League

www.kingstonballhockey.ca

C ☐ F ☐
A ☐ C ☐
S ☐ G ☐

Player Information:

Name: _____ Birth date: ____/____/____
First Last Month Day Year

Address: _____
No. Street City Postal Code

Phone:_____ Cell: _____ Sex:_____

Parent/Guardian: _____ Email: _____

Sports Experience & Info: Highest Level Played Last Year

Ice Hockey: Never Played ☐ House League ☐ Select ☐ "B" ☐ "A" ☐ "AA" ☐ "AAA" ☐

Ball Hockey: Never Played ☐ House League ☐ All Star ☐

Position Preferred **(not guaranteed)** Goal ☐ Forward ☐ Defence ☐

Which division is more appropriate for your child's skill level: House League ☐ Competitive ☐

Players Height: Average ☐ Above ☐ Below ☐ Weight: Average ☐ Above ☐ Below ☐

Would you like to be considered for the Ontario Championships All Star Team? Yes ☐ No ☐

Would you be interested in a condensed second season in July and August? Yes ☐ No ☐

In an effort to provide fair competition through balanced teams, some players may be transferred between teams during the first part of the season.

Can you help us? Your league is run by volunteers. We Need Your Help!

Coach ☐ Assistant Coach ☐ Sponsorship ☐ Organizer ☐ Convenor ☐ Admin. Support ☐

In consideration of the Kingston Minor Ball Hockey League (KMBHL) permitting the player to participate in any of the activities of the (KMBHL), I, for myself, my family, heirs, successors, and executors hereby indemnify and hold harmless the KMBHL, it's league executive officers, successors and volunteers from all costs, claims, actions, damages or liabilities, whatever their nature or however caused, resulting from participation of the player in any activities of the KMBHL.

Parent or Guardian Signature _____ **Date:** _____

The KMBHL has received payment for player registration

Amount $ _____ Cash ☐ Cheque ☐

Received By: _____ Date: _____

KMBHL
Taylor-Kidd Blvd.
P.O. Box 20015
Kingston, Ont.
K7P 2T6