HALTON HILLS MINOR BALL HOCKEY LEAGUE REGISTRATION FORM

Tel: 1-866-335-4624 Player Information:		E-mail	E-mail: info@hhmbhl.com			www.hhmbhl.com				
NAME:						BIRTH DA	TE: (D)	_/(M)	/(YR)	
ADDRESS:				CITY:		PC:				
Parent Information:										
NAME:					EMAIL:					
HOME #:				CELL #:						
□ LEARN TO PLAY 2018-2019-2020	□ UNDER 8 2016-2017	□ UNDER 10 2014-2015		UNDER 12 2012-2013		DER 14			□ UNDER 18 2006-2007	
2. Does your child want	to play Goalie? Yes Coach (Vulnerable he HHMBHL also has C a Competitive Division commitment toward the sions at all ages. 9-	n): Please regisere promotion of Fun, Fa	lie Equipmo or some ag ster in the o nir play and o Play Pro	ent? Yes Competitive Good Sport gram	no) rovided th Division i smanship	if there are e	nough regist rve the right	trations. to re-align t	eam rosters to	
□ Visa □ MC #					Exp:		CVT#:			
Waiver: In consideration of the Ha for myself, my family, hei assigns, from all costs, cla in any activities of the HH ("photo") in any and all o	rs, successors, and ex iims, actions, damage IMBHL. I hereby gran	ecutors hereby inder es, or liabilities, whate t the HHMBHL permis	nnify and ever their r ssion to us	hold harmle hature or he e the playe	ess the HI owever ca r's likenes	HMBHL, its o aused, result ss in a photo	lirectors, of ting from th ograph, vide	ficers, succe e participat	essors, and ion of the player	

Parent/Guardian Signature: ______