

# Seguin Youth Ball Hockey Registration Form

Please complete one form per child  
Indicate if you will be registering more than one child for the league

## Player Information:

Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

### Division: (please circle)

Squirt/Tyke 5:30-6:30  
Novice 5:30-6:30  
Atom 6:30-7:30  
PeeWee 6:30-7:30  
Bantam 7:30-8:30  
Junior 7:30-8:30

Does your child have any friends or relatives they wish to play with? Is so, please note the individuals. Staff will attempt to facilitate your request based on space and registrations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Parent/Guardian Information:

### Primary contact:

Name: \_\_\_\_\_  
Phone (H): \_\_\_\_\_  
Phone (C): \_\_\_\_\_  
Email: \_\_\_\_\_

### Secondary contact:

Name: \_\_\_\_\_  
Phone (H): \_\_\_\_\_  
Phone (C): \_\_\_\_\_  
Email: \_\_\_\_\_

## Coaching/Referee:

Do you wish to assist coaching/refereeing the ball hockey league

Yes No

Name: \_\_\_\_\_

Coach/Referee: \_\_\_\_\_

## Player Background:

Has your child ever played ball hockey?

Yes No

If yes, which level: \_\_\_\_\_

For how long: \_\_\_\_\_

Has your child ever played ice hockey?

Yes No

What positions has your child played?

\_\_\_\_\_  
\_\_\_\_\_

## Payment Information:

Child yearly fee: \$40.00  
GST: \$ 2.08  
Total: \$42.08

Or child weekly fee: \$ 5.00

### Payment method:

Cash (in-person registration)  
Debit (Township office)

## Seguin Township Policy:

### Program Policies

The Township of Seguin reserves the right to withdraw, postpone, cancel or combine the program due to limited registration. Full payment must be received with a completed registration form on the day you register. Cheques should be made payable to the Township of Seguin. Request for refund will NOT be accepted after the first game unless accompanied by a medical certificate. Request must be submitted in writing.

### Liability Statement

*In consideration of the acceptance of this registration and the permission to allow the player, \_\_\_\_\_ to participate in a program sponsored by the Township of Seguin, I hereby waive and forever discharge the Township of Seguin, it's employees, agents, officers, and elected officials from all claims, damages, costs and expenses in respect to injury or damage to person or property, however caused, which may result from participation in the program.*

Parent/guardian: \_\_\_\_\_

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

Date: \_\_\_\_\_

## For office use only:

Notes: \_\_\_\_\_

Approval: \_\_\_\_\_



\*\*\* Helmet/facemask, gloves and stick required.

Contact: Community Services Department  
Seguin Township  
732-4313

kkrist@seguin.ca, dobrien@seguin.ca

**START DATE: WEDNESDAY, MAY 11**