

**Charity 4 on 4 Ball Hockey Tournament Feb 17th, 2019**  
**In support of Big Brothers and Big Sisters**

**\$10.00 per person    max 10 players per team** **DATE PROCESSED**

**PARTICIPANT INFORMATION**

FAMILY NAME	FIRST NAME	BIRTH DATE M/D/Y	AGE	SEX
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MAILING ADDRESS	HOME #	EMAIL (please print clearly)
	CELL #	
team name if entering as a team		

LOCATION  
 Parking lot of Wasaga Beach YMCA closest to Gazebo.

Ice hockey level/years played	Position
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Ball hockey level/years played	Position
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**PERMISSION TO TAKE PHOTOS YES NO PHOTOS MAY BE USED FOR PROMOTIONAL PURPOSE**

**MEDICAL INFORMATION**

FAMILY DOCTOR	DOCTORS PHONE NUMBER	HEALTH CARD NUMBER
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Are there any Ailments/Allergies that the Coach or Staff should be aware of?

**EMERGENCY CONTACT INFORMATION**

LAST NAME	FIRST NAME	HOME #	CELL #
RELATIONSHIP			

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RELATIONSHIP			

**PAYMENT METHOD CASH ONLY TO BE PAID DAY OF EVENT**  
**EMAIL REGISTRATION FORMS TO [erynhillard13@gmail.com](mailto:erynhillard13@gmail.com) BY FEB 15TH, 2019**

PAYMENT RECEIVED	AMOUNT PAID
10\$ CASH ONLY	

I hereby release the Town of Wasaga Beach, Ball Hockey League or any facilitating place, from all claims, actions, causes of action, damages and demands for loss or injury resulting directly from participation in this program.  
 This includes all costs, damages and expenses incurred in defending any . such claims or actions.

Signature of Participant  
 (Parent or Guardian if under 18 years)