



North York Women's
Ball Hockey League
Spring 2018 Registration

Please Print Clearly

Player's Name: _____

Mailing Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

Date of Birth: DD _____ MM _____ YR _____ (league open to women 30+)

Skill Level: A. Inexperienced B. Some Ability C. Average D. Above Average

Team or player you are interested in playing with: _____

Position: Running Player _____ \$170.00

Team Goalie _____ \$100.00

Please make cheques payable to "North York Women's Ball Hockey League"

WAIVER: I hereby release North York Women's Ball Hockey League and their representatives from all claims and damages arising from any accidents or injuries which arise from any participation of the applicant in the activity or in/at any location where the activity is held.

I have read and accept the WAIVER above:

Players Signature: _____

Date: DD _____ MM _____ YR _____

Please send signed and completed forms to:

North York Women's Ball Hockey League
946 Lawrence Avenue East, Unit #2
PO Box 47511
Don Mills, Ontario
M3C 3S7

nywbhl@gmail.com