

NMHA SPRING STICKS 2018
REGISTRATION FORM

Please complete the following information.

INFORMATION	
Player's Name:	Date of Birth:
Street address:	
City:	Postal Code:
Contact E-Mail:	
Position (circle one) Defense Forward Goaltender	Team Played 2017-18:
I am interested in Coaching YES / NO	Name:
Phone #:	I am BC Hockey Certified: YES / NO
E-Mail:	Coach 2017 Season: YES / NO
Extra Comments:	
Parent #1 Name:	Parent #2 Name:
Parent #1 Cell:	Parent #2 Cell:
Parent #1 E-Mail:	Parent #2 E-Mail:
<p>SIGNATURE AND WAIVER: We hereby acknowledge the authority of the CHA, BCAHA, and the Nanaimo Minor Hockey Association (NMHA), and agree to carry out and abide by the Constitution, Bylaws, Rules and Regulations of those associations. EQUIPMENT: At the end of the seas on covered by this registration, we agree to return all equipment provided by the NMHA in good condition and should we fail to do so we agree to reimburse the Association for the replacement cost of the same. RELEASE: In consideration of this application to play under the auspices of the NM HA, I do hereby for myself, heirs, executors, administrators and assigns, remise release and forever discharge the CHA, BCAHA, VIAHA and the NMHA, its officers, or anyone acting on their behalf from all manner of litigation, damage claims, or demands in law or equity which I may have o r acquire by reason of injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of the NMHA. DISCLOSURE: By submitting this registration form, we hereby authorize the Nanaimo Minor Hockey Association to disclose any and all information herein contained to such persons, firms or corporations as the Nanaimo Minor Hockey Association shall, in its sole discretion, deter mine.</p>	
<p>SIGNATURE: _____</p>	