



# REGISTRATION FORM

## 4 on 4 Hockey League

www.canadianhockeyacademy.com

Cost: \$324.50 + \$9.50 Insurance + HST \$43.42 = \$377.42



### PLAYER INFORMATION

NEW PLAYER  RETURNING PLAYER

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Last Month Day Year

Address: \_\_\_\_\_  
No. Street City Postal Code

Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

### SPORTS EXPERIENCE & INFORMATION - Highest Level Played Last Year

ICE HOCKEY: Never Played  House League  Competitive  "B"  "A"  "AA"  "AAA"

POSITION PREFERRED (Not guaranteed) Goal  Forward  Defence

PLAYERS HEIGHT: Average  Above  Below

PLAYERS WEIGHT: Average  Above  Below

I WOULD LIKE TO BE WITH: \_\_\_\_\_

In an effort to provide fair competition through balanced teams, some players may be transferred between teams during the first part of the season.

### CAN YOU HELP US?

COACH  ASSISTANT COACH  ORGANIZER  CONVENOR

### RELEASE

Canadian Hockey Academy Inc., (CHA), I, the undersigned parent / guardian, hereby release and discharge CHA from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injury suffered by my child or incurred by me and resulting directly or indirectly from the participation of such child in such program. I hereby undertake to indemnify the CHA, its agents and staff and hold them from and in respect of any and all claims, demands, actions and/or proceedings which may be brought about as a result of participating in the aforesaid program. Moreover, any cost and expenses incurred in defending any and all claims, demands, actions and proceedings shall be the responsibility of the said parent / guardian. Furthermore, I give permission for my child's photo to be used in any CHA promotional material.

Parent of Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT

*The Canadian Hockey Academy has received payment for player registration.*

Amount \$ \_\_\_\_\_ Cash  Cheque  Visa  Mastercard

Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Ver. Code \_\_\_\_\_

Name on Card \_\_\_\_\_

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