



Registration Form

Player Name: _____

Team Name: _____

Parent Coach: _____

Gender ID: Male Female

Address: _____

City: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact & Phone # _____

D.O.B. _____

Level Played at (this year): AAA AA A AE B C SEL HL

Division for 3on3 **circle one** 2013/2014 2011/2012 2009/2010 2007/2008

Jersey Size **(make sure you choose a jersey size!)**

YM YL YXL AS AM AL AXL



Medical Declaration and Waiver

Please list any medical concerns or allergies your son or daughter might have.

Player Name: _____

Allergies/Medical Issues

I/we the undersigned, hereby certify that I/we are the parents or legal guardian/s of the player. I/we understand that the player must wear full hockey equipment while taking part in this program. I/we give permission to Centre Wellington 3 on 3 spring hockey league or its representatives, after reasonable efforts to contact me/us, to seek appropriate medical attention for the player in the event of an accident, injury or illness. I/we agree to forfeit registration fees due to removal from the league due to an ongoing contradiction to stated rules (fighting). I/we understand that hockey is a strenuous activity and I/we have made the representatives of Centre Wellington 3 on 3 Spring Hockey League aware of any issues the player is currently, or has experienced. I/we, the undersigned, acknowledge that there are risks inherent in the sport of hockey and we release and forever discharge all associated with this program from any and all responsibility, liability, claims and/or demands.

I/we have read the Rules for Centre Wellington 3 on 3 Spring hockey league rules for play in its entirety and will comply with all the rules and regulations outlined. This being understood, registrant and parents hereby agree and save harmless and indemnify the representatives of Centre Wellington 3 on 3 hockey league from claims for injuries.

Please be advised that Honeyharp Sports will retain a \$25 non refundable administration fee should the league not be able to run for any reason.



Please check the box if you do not wish to have your child's likeness(photograph/video) used on promotional material, website or social media.

Parent/Guardian Name: _____

and/or

Parent/Guardian Name: _____