



FLOORBALL REGISTRATION FORM

Complete and Submit Application by Mail or Email to:
Hamilton Floorball Email: info@hamiltonfloorball.com
 58 Westlawn Drive
 Hamilton, ON L9B 2K9
 905-973-7177

Name (Please Print): _____ Position: _____

Mailing Address: _____

City: _____ Province / State: _____ Zip / Postal Code: _____

Home Phone: (_____) _____ Bus: (_____) _____

Male Female Date of Birth (Day / Month / Year): _____

Father's Name: _____ Mother: _____

Level of Play: Beginner Intermediate Advanced

Winter League Spring League Summer League Fall League

Division: Elite 15 and up Youth Advanced Age 14 to 16
 Youth Beginner Age 9 and under Youth Intermediate Age 10 to 13
 CO-ED 18 and up

T- Shirt Size: Youth S M L XL
 Adult S M L XL XXL

Have you attended our program before? Yes No

OHIP Number: _____

Cost (Circle One): \$115 (Fall, Winter) \$105 (Spring) \$150 (Summer) Cash Cheque

Complete this form and return it to the address at the top or in person along with Cash/Cheque **for the full amount**, payable to **Hamilton Floorball c/o Ryan Kuwabara**, as soon as possible to ensure your enrollment.

I / we do hereby release Hamilton Floorball, its officers, employees and agents from all liability, claims, causes of actions of any kind whatsoever, in respect of damages I / (my child) may suffer as a consequence of my child sustaining personal injury, death or property damage or loss while participating in programs and activities of Hamilton Floorball. And I / we do hereby agree to indemnify and hold harmless Hamilton Floorball, its officers, employees, or agents from any and all claims, demands, causes of actions of any kind whatsoever, including those involving negligence on the part of Hamilton Floorball or any of its officers, employees or agents that may be made or initiated by, or on behalf of my child, arising out of or connected with my said child's preparation for or participation in any of Hamilton Floorball programs or activities. I further consent to Hamilton Floorball to use any pictures taken of the participant during any programs or camps for marketing and promotional purposes without charge.

 PLAYER NAME DATE X _____
 PLAYER SIGNATURE (18 Years or older)

 PARENT NAME DATE X _____
 PARENT SIGNATURE

 PLAYER EMAIL PARENT EMAIL

 EMERGENCY CONTACT NAME (PRINT) EMERGENCY CONTACT NUMBER

For office use only

Date	Deposit	Postdated	Balance	Pay As You Go	Registered