

# 2009 COLLINGWOOD INLINE HOCKEY REGISTRATION FORM

PERSONAL INFORMATION - PLEASE PRINT CLEARLY

PLAYERS NAME: \_\_\_\_\_

Youth League \_\_\_\_\_ Adult League \_\_\_\_\_ competitive \_\_\_\_\_ recreational \_\_\_\_\_

PARENTS/GUARDIAN'S NAME \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/TOWN \_\_\_\_\_  
PROVINCE: ONTARIO POSTAL CODE \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
YR MONTH DAY

E-MAIL ADDRESS:  
PLAYER \_\_\_\_\_ PARENT \_\_\_\_\_

EMERGENCY CONTACT NAME (Other than above name) Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Do you have any allergies/health problems? **yes** \_\_\_\_\_ **no** \_\_\_\_\_  
Please specify \_\_\_\_\_

Have you played ice hockey? yes \_\_\_\_\_ no \_\_\_\_\_  
level: competitive \_\_\_\_\_ recreational \_\_\_\_\_  
Have you played inline hockey? yes \_\_\_\_\_ no \_\_\_\_\_  
level: competitive \_\_\_\_\_ recreational \_\_\_\_\_

*The undersigned is responsible for the conduct of the player while participating in this program. The local league as well as the governing bodies shall govern the player. It is understood that the undersigned person of legal age or legal guardian shall not hold the local league or the governing bodies, their instructors, administrators, officials or the facility used liable in the event of injury or loss. The player listed above is registered under the care of the undersigned and assumes all risks through enrollment in this program with the understanding that although play is "non-contact", it consists of physical interaction capable of injury. I have read and I understand all items on this player's card.*

\_\_\_\_\_  
Player if 18 yrs or Parent/Guardian signature Date