

**WEST FERRIS MHA**  
**2011 - 2012 Registration**  
**PLAYER INFORMATION - PLEASE PRINT**

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>GENDER</b>
		<b>M      F</b>
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>POSTAL CODE</b>
<b>BIRTH DATE (yyyy-dd-mm)</b>	<b>ASSOCIATION NAME / RELEASE?</b>	
<i>NEW REGISTRANTS PROVIDE COPY PROOF OF AGE</i>		

**PARENT/GUARDIAN INFORMATION - PLEASE PRINT**

<b>FATHER'S NAME</b>				<b>INITIAL</b>
<b>PHONE NUMBER (H)</b>	<b>PHONE NUMBER (W)</b>	<b>PHONE NUMBER (C)</b>	<b>E-MAIL ADDRESS</b>	
<b>MOTHER'S NAME</b>				<b>INITIAL</b>
<b>PHONE NUMBER (H)</b>	<b>PHONE NUMBER (W)</b>	<b>PHONE NUMBER (C)</b>	<b>E-MAIL ADDRESS</b>	
Are you, or anyone in your family, available to volunteer as; Team Coach/Asst _____ Safety Person/Trainer _____ Manager _____?				
SIGNATURE AND WAIVER: We hereby acknowledge the authority of Hockey Canada, ONTARIO HOCKEY FEDERATION, and WEST FERRIS MHA, and agree to carry out and abide by the Constitution, Bylaws, Rules, Guidelines and Regulations of those Associations. RELEASE: In consideration of this application to play under the auspices of WEST FERRIS MHA, I hereby for myself, heirs, executors, administrators and assigns, remise, release and forever discharge Hockey Canada, ONTARIO HOCKEY FEDERATION, and WEST FERRIS MHA its officers, or anyone acting on their behalf from any manner of litigation, damage, claims, or demands in law or equity which I may have or acquire by reason of person injury, loss or damage to property, which may occur during or by reason of participation in the activities of WEST FERRIS MHA.  EQUIPMENT: We, at the end of the season covered by this registration, agree to return all equipment provided by WEST FERRIS MHA in good condition and should we fail to do so we agree to reimburse the WEST FERRIS MHA for the replacement of same.				
<b>SIGNATURE:</b>		<b>DATE:</b>		

**PLAYING INFORMATION - PLEASE PRINT**

<b>PREVIOUS ASSOCIATION</b>	<b>TEAM</b>	<b>NUMBER OF YEARS PLAYING</b>		
<b>Received From:</b>				
<b>For Registration Fees</b>				
	\$			
	\$			
	\$			
<b>Total Fee Paid</b>		<b>CASH</b>	<b>DEBIT</b>	<b>CHEQUE</b>
				<b>CREDIT CARD</b>