



**GREATER PETAWAWA  
MINOR HOCKEY ASSOCIATION INC.**

**PLAYER REGISTRATION FORM**

<u>OFFICE USE ONLY</u>	
Registration Fee _____	
Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>
No. of Cheques _____	

Division : _____		Association Played for Last Year : _____	
Players Name (Last / First / Initials) : _____			
Sex :            M            F		Date of Birth (D / M / Y) : _____	
Address : _____			
City : _____		Postal Code : _____ Telephone : (H) _____	
E-mail Address : _____			
Parent or Guardian (Mother) : _____		(Father) : _____	
Address (If Different From Above) : _____			
City : _____		Postal Code : _____ Telephone : (H) _____	
E-mail Address : _____			

**Parent or Guardian Consent**

I accept all risks arising from the participation of the above player in the above named Association and release same Association from an injury or damage claim or action.

I \_\_\_\_\_ hereby acknowledge that participation in sports activities organized by G.P.M.H.A. Inc. involves risk of injury, minor or serious, including permanent disability. These types of injury may result from my own actions, the actions of others, or a combination of both.

I understand that the rules and regulations are designed for the safety and protection of participants and I hereby undertake to abide by these rules and regulations. I also understand that certain activities require a minimum level of fitness for safe participation.

I further understand that the activities, programs and services offered by G.P.M.H.A. Inc. are sometimes conducted by personnel who may not be licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience.

I consent to participate acknowledging all the forgoing risks. I also agree that the player and all family members will abide by the Association Constitution and all O.D.M.H.A. and C.A.H.A., Constitutions, By-Laws, Regulations and Playing Rules.

I certify that the player lives at the address shown above.

I take responsibility of replacing or returning any equipment belonging to the above Association.

I consent to my son's / daughter's picture being published on web sites and/or newspapers.

Early registration: One day / date only as set out by executive.

Late fee of \$50.00 will apply seven days after the last set out registration date.

Date \_\_\_\_\_ Parent / Guardian \_\_\_\_\_

1st Copy – File

2nd Copy – Coach

3rd Copy – Player