	REGISTRATION FORM Kingston Minor Ball Hockey League www.kingstonballhockey.ca	C
Player Information:		
Name:	First Last Birth date: Mc	onth Day Year
Address:	o. Street City	Postal Code
l	Cell:	Sex:
Parent/Guardia	an: Email:	
Sports Experience & Info: Highest Level Played Last Year		
Ice Hockey: Never Played ☐ House League ☐ Select ☐ "B" ☐ "A" ☐ "AA" ☐ "AAA" ☐		
Ball Hockey: Never Played ☐ House League ☐ All Star ☐		
Position Preferred (not guaranteed) Goal  Forward  Defence		
Which division is more appropriate for your child's skill level: House League   Competitive		
Players Height: Average ☐ Above ☐ Below ☐ Weight: Average ☐ Above ☐ Below ☐		
Would you like to be considered for the Ontario Championships All Star Team? Yes $\Box$ No $\Box$		
Would you be interested in a condensed second season in July and August? Yes ☐ No ☐		
In an effort to provide fair competition through balanced teams, some players may be transferred between teams during the first part of the season.		
Detween teams during the first part of the season.		
Can you help us? Your league is run by volunteers. We Need Your Help!		
Coach ☐ Assistant Coach ☐ Sponsorship ☐ Organizer ☐ Convenor ☐ Admin. Support ☐		
COACH AS	Islatant Goach Goodsorship Gorganizer Goodsorship G	diffiniti dapport
In consideration of the Kingston Minor Ball Hockey League (KMBHL) permitting the player to participate in any of the activities of the (KMBHL), I, for myself, my family, heirs, successors, and executors hereby indemnify and hold harmless the KMBHL, it's league executive officers, successors and volunteers from all costs, claims, actions, damages or liabilities, whatever their nature or however caused, resulting from participation of the player in any activities of the KMBHL.		
Parent or Guardian Signature Date:		
The KMBHL	- 1-3-70 (7) (1) (7) (7) (7) (7) (7) (7) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	KMBHL Taylor-Kidd Blvd.
Amount \$	Cash ☐ Cheque ☐	P.O. Box 20015 Kingston, Ont.
Received By:		Kingston, Ont. K7P 2T6