

REGISTRATION FORM

Quinte West Minor Ball Hockey League

www.bellevilleballhockey.ca

C F
 A C
 S G

Player Information:

Name: _____ Birth date: _____ / _____ / _____
First Last Month Day Year

Address: _____
No. Street City Postal Code

Phone: _____ Cell: _____ Sex: _____

Parent/Guardian: _____ 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 No

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.

Can you help us? Your league is run by volunteers. We Need Your Help!

Coach Assistant Coach Sponsorship Organizer Convenor Admin. Support

In consideration of the Belleville & Quinte Minor Ball Hockey League (BQMBHL) permitting the player to participate in any of the activities of the (BQMBHL), I, for myself, my family, heirs, successors, and executors hereby indemnify and hold harmless the BQMBHL, 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 BQMBHL.

Parent or Guardian Signature _____ Date: _____

The BQMBHL has received payment for player registration

Amount \$ _____ Cash Cheque

Received By: _____ Date: _____

BQMBHL
 P.O. Box 23136
 Belleville, Ont.
 K8P 5J3