



RINK CITY SPORTS LEAGUE REGISTRATION FORM

3636 Hawkestone Road
Mississauga ON L5C 2V2
Tel: 905 268 0682 ext. 24
Fax: 905 738 3321
paul@ballhockeyleagues.com

INDIVIDUAL PLAYER REGISTRATION ONLY

Player Information:

Name: _____ Birth Date: (D)____ / (M)____ / (Yr)____

Address: _____ City: _____ Postal Code: _____

Home #: _____

EMERGENCY CONTACT

Cellular #: _____ Name: _____

Email: _____ Cellular #: _____

Player History and Requests:

1. I am a: Player Goalie Experience: Yes No , if yes , how many years _____

2. Do you have any friends / relatives you wish to play with? If yes, please note the individuals (ONLY 2).

NOTE: The executive will attempt to facilitate your request based on the space available.

Registration Fee: _____ ALL INDIVIDUAL LEAGUES WILL BE PLAYED ON SUNDAYS
(Please circle one)

Large Arena \$129.99^{+HST}

Small Arena 4v4 \$99.99^{+HST}

FUTSAL \$99.99^{+HST}

Received by: _____ Cash Cheque # _____ Payable to: Rink City Sportsplex

Credit Card Visa MC AMEX # _____ Exp: _____ CVT# _____

Waiver:

In consideration of Rink City Sportsplex permitting the player to participate in its programs, I, for myself, my family, heirs, successors, and executors hereby indemnify and hold harmless the Mississauga Ball Hockey League, Rink City Sportsplex, their directors, officers, successors, and assigns, from all costs, claims, actions, damages, or liabilities, whatever their nature or however caused, resulting from the participation of the player in these activities or while on the premises of Rink City Sportsplex, also known as Ultimate Sportsplex.

Signature: _____

Notes:

CC Approval # _____