



# 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)

**\$129.00 for MEN's or WOMEN's or CO-ED**

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 #**