Youth Asphodel-Norwood Ball Hockey Player Registration Form 2019

(Please submit by April 30th )

*Ball hockey will run Wednesday evenings on the following dates . May 15 , 22 & 29 – June 5 , 12 , 20 ( Thursday ) & 26.*

*Start times will be no earlier than 6.00 pm , all times will be set once number of participants are determined.*

*Both sports are recreational primary for the ages of 5 – 12, other ages will be considered as well.*

Player’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_

T-Shirt size: \_\_\_\_\_\_ o Did you play last year ? \_\_\_\_\_\_\_ o Have you played sports this past year ? \_\_\_\_\_\_\_\_

 o Height \_\_\_\_\_\_\_\_ o Where did you play most recently ? \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for the above named child to participate in the Asphodel-Norwood Ball Hockey League activities. I further agree that the Township of Asphodel-Norwood the Community Centre, volunteers and Instructors will not be held responsible for any injury or accident to the player en route to or from, or during games or practices or other activities.

Position Preferred Ball Hockey : ο Goal ο Player

(Not Guaranteed)

**Cost per player is $50.00 .**

In an effort to provide fair competition for everyone, some players may be transferred between teams during the first couple of games .

 Parents & Siblings - If you can help, please check below

 o Am able to assist. o Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail Registration Form with payment to:

Township of Asphodel-Norwood

2357 County Rd 45, P.O. Box 29

Norwood, ON

K0L 2V0

Or, drop off at the Asphodel-Norwood Community Centre (88 Alma Street) or the Township Office

If you have any further questions please call the Community Centre at 705-639-2342 or email Greg Hartwick at ghartwick@asphodelnorwood.com