

**Registration Information**

Player Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Team: \_\_\_\_\_

Parent Names : \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Waiver: Please read carefully**

I certify the above information to be true and in consideration of the granting of this certificate to me with the privileges.

By signing this certificate I have become subject to the rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions.

I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, and its Branches and/or divisions.

I understand that the Garden City Minor Hockey Association will not be held liable for any injuries while registered in its activities.

Parent/Guardian's Name (print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_