

2019-20 Halton Men's Hockey League Registration Form

Name: _____ Age _____ Phone: _____

Address: _____ City _____ PC _____

e-mail (please print very clearly) _____

Allergy/Medical conditions _____ Please circle GOALTDEFENCE.....FORWARD

If not in the HMHL, where did you play last year? _____ Level of League _____

Where did you play 10 years ago? _____

On a 1-10 scale, 1 beginner, 5 house league, 7 competitive, 9 high impact, your rating is? _____

DIVISION AND FEES (please circle your choice of Division)

A. OLDTIMERS PM 22 game schedule – 27+ years old – average age 44 - Monday nights primary/ some Sunday nights
\$587+ HST + \$15 refundable sweater deposit - Total \$679

B. MASTERS PM 22 game schedule - 40+ years old – average age 47 - Wed nights primary, some Sunday nights
\$587 + HST + \$15 refundable sweater deposit - Total \$ 679

C. CLASSICS 22 game schedule - 47+ years old – average age 53 - Sunday mornings primary
\$587 + HST + \$15 refundable sweater deposit - Total \$679

D. CHOICE OF TWO DIVISIONS A-C (circle above), 44 games
\$1033+ HST + \$30 refundable sweater deposit - Total \$ 1198

E. CHOICE OF THREE DIVISIONS A-C
\$ 1260 + HST + \$ 45 refundable sweater deposit– Total \$ 1469

I would like to play with: _____ (name one player only,
requests received by Aug 1 receive priority, no guarantees)

PLAYER HEALTH CERTIFICATION: Upon signing this application, the player certifies he is in good normal health, is properly equipped (full hockey equipment mandatory) and has no abnormal handicaps.

PLAYER/SPECTATOR CONDUCT: The Halton Men's Hockey Inc. operates on Municipal property with the permission of Appleby College and the Town of Oakville. To this end, players, parents/guardians and participants will respect the facilities and grounds and will abide by the rules set forth by the facility and staff.

PARTICIPANT WAIVER AND INFORMED CONSENT: To whom it may concern: I, the undersigned, authorize Halton Men's Hockey Inc. and/or Appleby College, and/or Oakville Adult Hockey Inc., and/or Town of Oakville and/or anyone acting on their behalf to acquire necessary medical aid that may be required as a result of any accident or injury which may be sustained by me. I have been warned and informed via this document that insurance coverage is not provided and there are serious physical risks associated with hockey, including, but not limited to falls and/or collisions with stationary objects, other players, skates pucks and sticks. My signature below indicates my informed consent to participate knowing the risks involved. And I hereby indemnify and save harmless Halton Men's Hockey Inc, and/or Oakville Adult Hockey Inc., and/or Appleby College and/or Town of Oakville and/or anyone acting on their behalf from any and all actions, claims and demands for damages, loss or injury however arising which here to after may have been sustained by me while participating in any activity or facility operated by Halton Men's Hockey Inc. and/or Appleby College and/or Town of Oakville. My signature below indicates that I have the legal right to assume the conditions above on behalf of the player named above. My signature below also indicates that I have thoroughly read and agree to all of the terms above. **NO REFUNDS, NSF CHEQUES SUBJECT TO \$25 ADMINISTRATION FEE.**

PLAYER SIGNATURE _____ DATED THIS _____ DAY OF _____, 2019

MAIL CHEQUES AND APPLICATION FORM, payable to Dave Jenner, 5264 Erin Third Line, Erin Ont. L7J 2L8