

Registration Form

Scarborough Womens Hockey League

Established 1992

Name _____

Address _____

City _____ Postal Code _____

Phone _____ Phone _____

Email Address _____

Date of Birth _____

Caliber of play

Please circle appropriate rating, try to be as accurate as possible as this helps us make up the teams.

Skating	Very Good	Good	Average	Beginner
Hockey Skills	Very Good	Good	Average	Beginner

I prefer to play on the same team as:

1 _____ 2 _____

*** please note that the above players **must** chose to also play with you. We cannot guarantee that all players will play with their preferred choices.

As a registered member of the Scarborough Womens Hockey League, I agree to conduct myself in accordance with the Constitution and By-Laws of the Carha Hockey Association. I also hereby release the SWHL from all claims for damages arising from any accident or injury which is caused by or arises from participation in the sport of hockey.

I understand and agree that my registration fees are NOT refundable

Applicant Signature
Date
League Official

I agree to have my name listed on the Player Standings on the SWHL Website.
Applicant Signature _____

I agree to have my picture used on the SWHL Facebook page.
Applicant Signature _____

For Office Use Only	Date Received	Type of Payment	Amount	Initial
Deposit				
1st installment				
2nd installment				