

# 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 if you miss the rating night.

<b>Skating</b>	Very Good	Good	Average	Beginner
<b>Hockey Skills</b>	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 \_\_\_\_\_.

For Office Use Only	Date Received	Type of Payment	Amount	Initial
<b>Deposit</b>				
<b>1<sup>st</sup> installment</b>				
<b>2<sup>nd</sup> installment</b>				