



## BALL HOCKEY REGISTRATION FORM

(Starts November 2025)

Player Eligibility – must be between the ages of 13-18, must be born between January 1, 2008 – December 31, 2012

### PARTICIPANT INFORMATION

Name:		Birth Date (mm/dd/yyyy):		Gender:	School:
				<input type="checkbox"/> M <input type="checkbox"/> F	
Address:		City:	Postal Code:		Province:
Email:		Parent/Guardian:			
Home Phone #:		Work Phone #:		Cell Phone #:	
(     )		(     )		(     )	

### IN CASE OF EMERGENCY

Name of local friend/relative (not living at same address):		Relationship to this person:	Home phone #:	Work phone #:
			(     )	(     )

### HEALTH INFORMATION

Manitoba Health #:		Family Doctor:		Phone#:
Medical Insurance: (Please Circle)	Insurance Company:	Policy #:	Group #:	Name of Insurance Holder:
YES                      NO				
* (Please Circle Below)*				
Any Pre-existing Medical Conditions:	YES	NO	Please Specify:	
Any Medications in use:	YES	NO	Please Specify:	
Any Allergies:	YES	NO	Please Specify:	
Hay fever / Heart conditions / Diabetes:	YES	NO	Please Specify:	
Epilepsy / Nervous Disorder / Asthma:	YES	NO	Please Specify:	
Stomach Problems / Physical Handicap:	YES	NO	Please Specify:	
Any Major Illness Last Year:	YES	NO	Please Specify:	
Contact Lenses:	YES	NO	Please Specify:	
Activity Restrictions:	YES	NO	Please Specify:	
Date of Last Tetanus Shot (MM/DD/YYYY):				

**Dear Parent/Guardian,**

**Please make sure you take the time to read over this form (both sides) and fill out the necessary information. If you have any questions or concerns please contact me at me at any time.**

**As a year round program, our greatest desire is to provide care and support for your teenagers at every level. This means we will give them opportunities to grow physically, emotionally, spiritually, mentally, and relationally. We will use the Bible as a guide to explore what it means for us to have a personal relationship with God.**

**- Jamie Wilson, Youth for Christ Hockey League Director**



## Parent Medical & Liability Release Statement

I understand that in the event a medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child that is deemed necessary.

I understand all personal safety precautions will be taken at all times by Youth for Christ and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent risk. I agree not to hold Youth for Christ, its leaders, and its volunteer staff liable for damages, losses, diseases, or injury incurred while participating in this activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent & Student Release Statement

As parents/legal guardians of \_\_\_\_\_, I have reviewed the information about the event/activity and give my permission for the participant of this release to be involved in the overall activities and in the program identified above. I also authorize the use of photos or video of my son/daughter by Samson's/Youth for Christ for website/publicity purposes.

I/We understand the need for certain rules to be in place during this activity and agree that the participant of this release will abide by them. I/We acknowledge that if the participant of the release has to return home early for discipline violations, or possession of alcohol or non-prescription drugs, it will be at my/our expense.

I/We understand and agree to the above statements

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Information

Cost for 2024/2025 season is \$50 per player  
Refer a friend\* & each pay \$40

Payment Options:

Cash    Cheque

Credit Card

Mastercard    Visa    Other: \_\_\_\_\_

Name: \_\_\_\_\_

Credit Card Information:

Home Phone #: \_\_\_\_\_

# \_\_\_\_\_

Expiry Date: \_\_\_\_\_

*\*Friend must have not played in league before*

Signature: \_\_\_\_\_