



# TEAM REGISTRATION

## PRIMARY CONTACT

|          |                  |
|----------|------------------|
| Name:    | Email:           |
| Address: | Phone:           |
| City:    | Alternate Phone: |
| Prov:    | Postal Code:     |

## SECONDARY CONTACT (if applicable)

|        |                  |
|--------|------------------|
| Name:  | Email:           |
| Phone: | Alternate Phone: |

## TEAM INFORMATION

|                    |                  |
|--------------------|------------------|
| Season Start Date: | Season End Date: |
| Birth Year         | Gender:          |
|                    | Team Name:       |

## TEAM ROSTER

| PLAYER: Surname, Given Name | PLAYER: Surname, Given Name |
|-----------------------------|-----------------------------|
| 1                           | 11                          |
| 2                           | 12                          |
| 3                           | 13                          |
| 4                           | 14                          |
| 5                           | 15                          |
| 6                           | 16                          |
| 7                           | 17                          |
| 8                           | 18                          |
| 9                           | 19                          |
| 10                          | 20                          |

## COACHES

|   |   |
|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

## TOURNAMENTS

| Tournament Attending | Date |
|----------------------|------|
| 1                    |      |
| 2                    |      |
| 3                    |      |
| 4                    |      |
| 5                    |      |

|                        |  |  |
|------------------------|--|--|
| <b>PAYMENT METHOD:</b> | <input type="checkbox"/> Cheque/ Money Order enclosed (payable to iPlayHockey) | PAYMENT AMOUNT _____<br>Expiry Date _____<br>CVV (3 digits on back): _____ |
|                        | <input type="checkbox"/> E-transfer to payments@iplayhockey.ca                 |  |
|                        | <input type="checkbox"/> Payment via Online Banking                            |  |
|                        | <input type="checkbox"/> VISA <input type="checkbox"/> MC   CARD # _____       |  |
|                        | Card Holder (PLEASE PRINT) _____   | Signature (AUTHORIZATION) _____  |

Each participant, or in the case of a minor, each parent/guardian of a participant, acknowledges that participation in the iPlayHockey team/league entails inherent risks of physical injury and that participation is voluntarily. The participant, or the participants parent/guardian, assumes full responsibility for any risks of loss, property damage or personal injury that may be sustained as a result of participating in the iPlayHockey team/league.

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