



2010 Lady Lynx Ball Hockey Registration Form

Please Print Clearly

PLAYER'S
NAME: _____

HOME PHONE: () _____

BUSINESS PHONE: () _____

E-MAIL ADDRESS: **(IMPORTANT!)**

MAILING ADDRESS:

DATE OF
BIRTHDAY: _____ / _____ / _____
 DAY MONTH YEAR

SKILL LEVEL: 1. Inexperienced } LEVEL B
 2. Some ability }
 3. Average ability } LEVEL A
 4. Above-average skill }

TEAM (if known):

PLEASE INDICATE IF YOU WOULD BE INTERESTED
IN BEING A:

- Coach Assistant Coach
 Sponsor

WAIVER: I hereby release the North York Lynx Ball Hockey League and their representatives from all claims and damages arising from any accidents or injuries which arise from any participation of the applicant in the activity or in any of the locations where the activity is held.

- I have enclosed a cheque for \$125, made out to the
North York Lynx Ball Hockey League.
 I have read, and I accept the above Waiver.

Player's Name

X

Signature

Date

**PLEASE RETURN BY MARCH 1ST, 2010 TO:
NORTH YORK LYNX BALL HOCKEY LEAGUE,
P.O. Box 201, Don Mills, ON M3C 2S2**