

Arena Pro 7 To 17 Year Old Summer Hockey League
Registration Form

Name: _____

Address: _____

City: _____

Postal Code: _____ Home Phone #: _____

Date Of Birth: _____

Height: _____ Weight: _____

Health Card #: _____

Team Played On Last Season: _____

Beginner House League Intra-City A AA AAA Goalie

Parent / Guardian Section

I am interested in becoming:

A Coach A Head Coach A Sponsor

Name: _____

Phone #: _____

We, the undersigned, on behalf of ourselves and our children, give approval to our child's participation in the Arena Pro Youth Summer Hockey League. We agree that Arena Pro Consultants Ltd., operating as Arena Pro Youth Summer Hockey League, and its proprietors and employees will not be responsible for any accident or loss however caused and agree to release Arena Pro Consultants Ltd. from all such claims and damages which may arise as a result of such accidents and loss. In the event of inability to contact us, we hereby give Arena Pro Consultants Ltd. permission to seek out any necessary medical assistance our child may require while attending this program. In signing this application, we hereby acknowledge that we have read and understand the conditions and certify that the applicant is in good physical and mental health.

Date: _____ Parents Signature: _____

Please deposit completed Registration Form in the ***Arena Pro mailbox at South Fletcher's Sportsplex.***

Please Make Cheques Payable to **Arena Pro Youth Hockey League,**
Tel: 905-840-7370 Fax: 905-840-9464 E-mail: info@arenapro.com