

TESLIN MINOR HOCKEY REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE #: _____

BIRTHDATE: _____

HEALTH CARD #: _____

WAIVER

I agree to have my child participate in practices and games as arranged by the Teslin Minor Hockey Association and obey all association and arena rules. I will not hold the Association, its coaches or directors, or the Village of Teslin, its employees or council, liable for any injury sustained before, after, or during the hockey practice. I acknowledge that there is a risk of being injured when playing hockey and that should an injury occur medical aid will be provided as soon as possible.

Parents Signature

Date

Cost for hockey for the season is **\$25** and is due and payable at the time of registration and prior to any activity on the ice.

