

2018 Newmarket Minor Ball Hockey Association

Servicing the communities of Newmarket, Aurora, Bradford, Keswick & surrounding area

Sam Carusi (905) 717-3877

General Inquires: info@newmarketballhockey.com

\$150 for 11 games

All Girls Divisions

Under 12

Tuesdays
2006/07/08/09
Ages 9-12

Under 16

Tuesdays
2002/03/04/05
Ages 13-16

- **11** games beginning the first week of May and ending mid-July •
- Player and Team Statistics available on our website • One game per week – no practices •
- Divisions/Age Groups will combine depending on registrations •
- Awards, pizza and pop ~ Day of Champions Year End Celebration of Excellence •
- Limited dental & medical insurance • OBHA Certified Referees • Fun, safe and make new friends •

Mandatory equipment required includes

CSA Approved Hockey helmet with full facial protection, hockey or lacrosse gloves, soccer style shin pads, soft knee pads, athletic cup & hockey stick (plastic floor hockey sticks are not permitted)



Proud member of the sports' provincial governing body



www.ontarioballhockey.ca

2018 Registration Dates & Locations

We offer three easy ways to register:

1) Online at www.NMBHA.ca;

2) Register by mail or; 3) Register in person at one of the registrations below

Magna Centre
10:00 – 3:00
February 10th

Magna Centre
10:00 – 3:00
March 3rd

Magna Centre
10:00 – 3:00
March 17th

Magna Centre
10:00 – 3:00
March 31st

Magna Centre
10:00 – 3:00
April 14th

OBHA GIRLS PROVINCIAL CHAMPIONSHIPS

(DIVISIONS: Novice, Atom, Peewee, Bantam and Midget)

JULY 13-15, 2018

OSHAWA, ON

Ball Hockey... As Canadian As It Gets!

2018 NEWMARKET MINOR BALL HOCKEY ASSOCIATION

GIRLS PLAYER REGISTRATION FORM

100 Grant Blight Crescent, Newmarket, Ontario, L3Y 7W3 Tel: (905) 717-3877 E-mail: info@newmarketballhockey.com

Player Information

Under 12

Tuesdays
2006/07/08/09
Ages 9-12

Under 16

Tuesdays
2002/03/04/05
Ages 13-16

Name: _____ Birth Date: (D) ____/ (M) ____/ (Yr) _____

Address: _____ City: _____ Postal Code: _____

Parent Information:

Parent's Name: _____ Parent's Name: _____

Phone #: _____ Phone #: _____

Email: _____ Email: _____

Questions, Volunteers & Sponsorship:

1. Does your child play ice hockey? Yes No - **if yes**, which level AA A BB B Select HL
2. Previous Rep Levels (if different than current Rep Level): _____ Years Played at Rep Levels: _____
3. Preferred Position: Forward Defense Goalie (Players will rotate playing goalie if necessary)
4. Has your child played ball hockey with the NMBHA? _____ How many years played? _____ Last year played _____
5. Player skill level (helps to build teams): Beginner Average Above Average Very Strong
6. Do you wish to assist? Coach Assistant Coach Sponsor
7. Please note the Girls Divisions/Age Groups may combine depending on registration numbers.

OUR PROGRAM IS UNABLE TO REGISTER COMPLETE TEAMS AS WE BUILD BALANCED TEAMS WITH OUR INDIVIDUAL REGISTRATION

Registration Fee & Payment: \$150

Payment: Cash Cheque # _____ Payable to: **NMBHA** Visa MasterCard

Payment Received By: _____ **Date:** (M) ____/ (D) ____/ (Yr) _____

Any returned NSF cheques will be charged an additional \$25.00 administration fee

Waiver:

In consideration of the Newmarket Minor Ball Hockey Association (NMBHA) permitting the player to participate in any of the activities of the NMBHA, I, for myself, my family, heirs, successors, and executors hereby indemnify and hold harmless the NMBHA, its directors, officers, successors, and assigns, from all costs, claims, actions, damages, or liabilities, whatever their nature or however caused, resulting from the participation of the player in any activities of the NMBHA.

Parent/Guardian or Player Signature: _____