



CENTRAL NEWFOUNDLAND “AA” Hockey REGISTRATION

PLAYERS NAME		BIRTHDATE (mm/dd/yy)		AGE	Height	Weight	
				-	-	-	
M.C.P #		MEDICAL CONDITIONS, ALLERGIES					
ADDRESS					APT.#		
CITY		PROVINCE			POSTAL CODE		
HOME PHONE		CELL PHONE		EMAIL			
EMERGENCY CONTACT NUMBER		EMERGENCY CONTACT NAME		RELATIONSHIP			
JERSEY <input type="checkbox"/> Youth <input type="checkbox"/> Adult Please Select		SOCKS <input type="checkbox"/> Int. <input type="checkbox"/> Senior		POSITION <input type="checkbox"/> Forward <input type="checkbox"/> Defense <input type="checkbox"/> Goalie		LEVEL (Previous Year) Please Select	DIVISION (Registering for) Please Select

METHOD OF PAYMENT

Email Money Transfer PaymentCNAHL@gmail.com

The applicant agrees that Central Newfoundland “AA” Hockey League, its agents, servants and volunteers will not be held responsible for any accident or loss howsoever caused, and agrees to release Central Newfoundland “AA” Hockey League., its agents, servants and volunteers from all claims or damage which may arise as a result of any such accident or loss. In the event of any inability to be contacted, I hereby give Central Newfoundland “AA” Hockey League permission to seek any necessary medical attention required for my child.

I Consent to my Childs Photograph being used on webpages and social media.

PARENT’S/GUARDIAN’S NAME: _____

PARENT’S/GUARDIAN’S SIGNATURE: _____ DATE: _____

Any questions feel free to email cnaahl2019@gmail.com Thanks.