Mail To : WIIHA, 158 Margaret St., Ingersoll, Ontario, N5C 3G5. 519-859-5132

2010 WIIHA REGISTRATION FORM

Name: _____ Telephone: ( ) _____
First *Last*

Address: _____
Street *City* *Postal Code*

Birth Date: _____ ☐ Male ☐ Female Health Card # _____
day / month / year

Parents Name: Father: _____ Work#: _____ Home #: _____
First *Last*

Mother _____ Work#: _____ Home #: _____
First *Last*

Player Email _____ Parent Email _____

InLine Hockey League Name: WIIHA

InLine Experience: ☐ None ☐ 1 Year ☐ 2+ Years **Age Group:** _____

Ice Hockey Experience: ☐ None ☐ 1 Year ☐ 2+ Years **Highest Level:** _____

Are you a goalie: ☐ Yes ☐ No INTERESTED IN PLAYING TOURNAMENTS:_____

PARTICIPANT MEDICAL INFORMATION

YES NO Do you have any health problems that would interfere with participation on a hockey team ?

Please give details if you answered "YES" to the above items

_____

_____

I, the undersigned, certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incident there to, and by signing this certificate, I have become subject to the rules and regulations, and decisions of the WIIHA, its Board of Directors, its Branches and/or divisons which may be restrictive in some areas.If under the age of 18, parent or guardian must sign for you.

Signature: _____ **Date:** _____

Method of Payment: **Cash** **Cheque: #** _____ **Player: $199.00**
Cheque: # _____
Cheque: # _____ **Full Time Goalie: $FREE**

WIIHA OFFICE USE: Entered: Registration Number:

I give the WIIHA the right to use my/my son's/daughter's photo on it's website. _____