



# BALL HOCKEY REGISTRATION FORM

Player's Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

## ***Medical/Picture Release***

I hereby authorize the leadership of The Ark Christian Youth Centre to act on my behalf according to their best judgement in any emergency requiring medical attention. I hereby waive and release the Ark from any responsibility for accidental injuries during the league. I know of no mental or physical problems that will affect my child's ability to safely participate in the league. I will be responsible for any medical or other charges in his/her participation in the league. I realize that like most sports, there is always a risk of injury. I have read, understand, and agree with the above.

I give The Ark Christian Youth Centre permission to use a picture of myself, or my child for normal operations i.e. advertisements, websites, seasonal publications, newspaper articles.

**If you do not want your child's picture released**, please tick this box,  NO, otherwise your signature below will constitute as permission.

Parent/ Guardian Signature \_\_\_\_\_

Special Note or Medical Alert \_\_\_\_\_

*The Ark is an Interdenominational Christian Organization with over 50 volunteers,  
1 Youth Director, 1 Administrator, 1 Custodian, and is overseen by a Board of Directors*

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## Office Use Only

Fees PD by \_\_\_\_\_ Address of Payer \_\_\_\_\_

Cash/Cheque \_\_\_\_\_ Amount Pd \_\_\_\_\_ League \_\_\_\_\_