



ALUMNI BALL HOCKEY REGISTRATION FORM

Player's Name _____ AGE _____

Date of Birth _____ Today's Date _____

Parent/Guardian _____

Address _____ City _____

Postal Code _____ Cell Phone _____ Home 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*

The Ark Christian Youth Centre RR 2, Site 19, Comp 17 Dawson Creek, BC V1G 4E8
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Office Use Only

Please circle one: Cash/Cheque/Debit Machine Amount Pd _____ League _____

REGISTERED ON LINE