



Ingersoll NBC League

Registration Form

Please complete this form and return it with payment to a league executive to guarantee a spot in the league.
August 15/2012 DEADLINE.

Name: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____ Email: _____

Fee schedule: Skater \$280.00 / Goalie \$220 – (players entering the league part way through the season will be responsible for fees for the amount of games remaining)

Circle one position: Goalie / Defence / Forward

Refunds: will be issued to players who are placed on injury reserve and have been replaced with a new player. Refund fees will be based on amount of games remaining. Refund cheques are valid for 6 months from date of injury reserve placement and can be obtained from the executive, no exceptions. (suspended players will not be refunded)

*Ingersoll NBC League would like permission to use your name/likeness in local newspapers, on our league website and in league correspondence. Please initial, if the league has your permission. _____

RELEASE OF LIABILITY: In consideration of being allowed to participate in any way in the Ingersoll No Body Contact Hockey League, related events and activities the undersigned acknowledges, appreciates and agrees that: 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participations, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Ingersoll No Body Contact Hockey League, the IDMA, the Corporation of the Town of Ingersoll, their officers, officials, agents, employees, other participants, sponsoring agencies, sponsors advertisers and if applicable owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death or loss or damage to person or property, whether caused by the negligence of the releases or otherwise.

PLAYER HEALTH: upon signing this registration, the player certifies he is in good normal health, is properly equipped (full and approved equipment is mandatory) and has no abnormalities that prevent him from playing hockey.

PARTICIPANT CODE OF CONDUCT: Players and spectators will respect the facilities and grounds and will abide by the rules set forth by the facility and staff. On ice conduct is regulated by the INBCHL rules and the OHA. Conduct detrimental to these documents will be dealt with by on ice officials and the league executive.

Player signature: _____ Date: _____

Mail forms/payments to Ingersoll NBC Hockey c/o C. Lamers, 403260 Robinson Rd, Ingersoll, ON, N5C3J7

*The protection of your personal information is important to us and INBCHL will not reveal this vital information to any parties other than the league executive and the leagues legal entities.