

2018 Newmarket Minor Ball Hockey Association

Servicing the communities of Newmarket, Aurora, Bradford, Keswick & surrounding area

Sam Carusi (905) 717-3877

General Inquires: info@newmarketballhockey.com

\$140 for 12 games

Women's 30+ Division

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- All games beginning late April and ending late July •
 - **12** games which includes regular season and playoff games • Player and Team Statistics available on the website •
 - Goalie Equipment (pads, chest protector, glove, blocker & stick) provided for all teams if required •
 - Limited dental & medical insurance • OBHA Certified Referees •

Mandatory equipment required

CSA Approved Hockey helmet with full facial protection, hockey or lacrosse gloves, soccer style shin pads, soft knee pads, athletic cup & hockey stick (plastic floor hockey sticks are not permitted)



Proud member of the sports' provincial governing body



www.ontarioballhockey.ca

Registration Dates & Locations

We offer three easy ways to register:

1) Online at www.nmbha.ca;

2) Register by mail or; 3) Register in person at one of the registrations below

Magna Centre 10:00 – 3:00 February 10th	Magna Centre 10:00 – 3:00 March 3rd	Magna Centre 10:00 – 3:00 March 17th	Magna Centre 10:00 – 3:00 March 31st	Magna Centre 10:00 – 3:00 April 14th
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OBHA WOMEN'S PROVINCIAL CHAMPIONSHIPS
(DIVISIONS: A, B, C & Masters)

AUGUST 17-19, 2018

BRAMPTON

Ball Hockey.... As Canadian As It Gets!

2018 NEWMARKET MINOR BALL HOCKEY ASSOCIATION

WOMEN'S DIVISION

PLAYER REGISTRATION FORM

100 Grant Blight Crescent, Newmarket, Ontario, L3Y 7W3

Tel: (905) 717-3877

E-mail: info@newmarketballhockey.com

Player Information:

Name: _____ Birth Date: (M) ____ / (D) ____ / (Yr) _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Email: _____

Returning Teams / Players (from 2017): Age 30+(Monday's)

(Name of Team Captain)

(Team Colour)

Individual Registration **or**

Team Registration: _____

(Name of Team Captain)

Registration Fee & Payment: \$140

Sponsorship Fee: \$350 (Any team being sponsored **must** pay a sponsorship fee)

Payment: Cash Cheque # _____ Payable to: **NMBHA** Visa MasterCard

Payment Received By: _____ **Date:** (M) ____ / (D) ____ / (Yr) _____

Any returned NSF cheques will be charged an additional \$25.00 administration fee

Waiver:

In consideration of the Newmarket Minor Ball Hockey Association (NMBHA) permitting the player to participate in any of the activities of the NMBHA, I, for myself, my family, heirs, successors, and executors hereby indemnify and hold harmless the NMBHA, its directors, officers, successors, and assigns, from all costs, claims, actions, damages, or liabilities, whatever their nature or however caused, resulting from the participation of the player in any activities of the NMBHA.

Parent/Guardian or Player Signature: _____