

**Dakota Community Centre
Adult Hockey League
Individual Registration Form**

Individual Registration Form

Player's Name: _____ Address: _____

City: _____ Postal Code: _____

Phone (H): _____ Cell : _____

Age: ____ Sex: M__ F__

Date of Birth: D ____ M ____ Y ____ Position(s): _____

Desired Division: A B C D
(Circle one)

Circle Correct Season: Winter Spring Summer

VISA or MasterCard #: ____ / ____ / ____ / ____ / Expiry Date: ____ / ____

Authorized Credit Card
Signature: _____

E-mail Address: _____

Consent and Waiver of Responsibility: Players agree that the Dakota Community Centre and its staff will not be held responsible for any accidents or loss of personal property, and agrees to release the Dakota Community Centre from all claims or damages which may arise as a result of such accidents or loss.

Signature: _____ Date: _____

Note: The league director reserves the right to move any team from one division to another at any time during the schedule.

Contact Anthony Knapp, Program Manager at 254-1010 or email at dakotaccpm@shaw.ca