PROGRAM INFO

- We offer programs for kids aged 4-17
- All divisions will be played on Saturday late morning or early afternoon depending on the division. They begin in late April and end the last first week of July. (no games on long weekends).
- 11 games includes regular season and playoff games Individual & Team Pictures
- Full player & team statistics available on our website (innisfilballhockey.com)
- All games played at the East Bayfield and Holly
- Awards, BBQ provided by Fire It Up BBQ ~ Day of Champions
- Limited dental & medical insurance
- **OBHA Certified Referees**
- Fun, safe and make new friends

Mandatory equipment required includes

CSA Approved Hockey helmet with full facial protection, hockey gloves, soccer style shin pads, and a hockey stick (no plastic blades). Athletic cup soft elbow pads and soft knee pads are also recommended

FEES

Squirt - \$80 - includes t-shirt style jersey all other divisions - \$150 - includes full uniform (ball hockey jersey, shorts & socks)

REGISTRATION DATES & LOCATION TBA

ONLINE REGISTRATION IS NOW AVAILABLE ON OUR WEBSITE



2014 EVENTS

All-star teams will be selected to represent Innisfil.

- Metro Cup held June 6-7 (Scarborough)
- South Simcoe Cup June 13-14 (Bradford/Thornton)
- Tyke/Novice Provincials **July 4-6** (Belleville/Trenton)
- Atom/Peewee **July 4-6** (Kitchener/Waterloo)
- Bantam/Junior July 11-13 (London)





BARRIE MINOR BALL HOCKEY LEAGUE REGISTRATION FORM

1145 Innisfil Beach Rd, PO BOX 10006, Innisfil ON, L9S 4Y7

Please circle a division

SQUIRT (08-09)

Learn To Play
Instructional – First 6 weeks
League Games – Last 5 weeks

TYKE (06-07)

NOVICE (04-05)

ATOM (02-03)

PEEWEE (00-01)

BANTAM (98-99)

JUNIOR (96-97)

PLAYER INFORMATION (please print)							
Last name:	First name:					Sex: M F	
Address:					Birthdate (M/D/Y) / /		
City/Town:		Postal Code:			e:		
Home Number:			Emergency Number:				
Guardian 1:	Work #:				Cell #		
Guardian 2:	Work #:				Cell #		
Email:						'	
GENERAL INFORMA	TION						
My Child is a: Player Goalie Both Do you wish to assist? Head Coach Assistant Coach							
Medical Conditions, if any:							
Other family members registered :							
ICE HOCKEY AND BALL HOCKEY HISTORY							
<u>Season</u>	Association/League			<u>Division</u>		<u>Level</u>	
SIGNATURE & WAIVER							
the BMBHL, I, for myse tors, officers, successor	Barrie Minor Ball Hockey Lead If, my family, heirs, successor rs and assigns, from all costs the participation of the player	s and exect , claims, ac	utors he ctions, c	ereby inde lamages	emnify and ho or liabilities, v	old harmle	ss the BMBHL, its direc-
There will be a \$25.00 c	charge on all NSF cheques	PLEASE S	SIGN:_				
PAYMENT:							
\$150.00 Cas \$80.00 (squirt divis	sh Cheque Visa sion only)	МС	AME	× 🗌	RECEIV	ED BY:	(Office use only)
CARD#		_ EXP	/				
Name On Cheque			aue #				