

# NBC Hockey Registration Sheet

**\$480 (Player)**

**\$250 (Goalie)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

City: \_\_\_\_\_

Emergency # \_\_\_\_\_

Postal Code: \_\_\_\_\_

Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(mm/dd/yy)

Email: \_\_\_\_\_

Select Div: Open \_\_\_\_\_ 40+ \_\_\_\_\_

Preferred Position: \_\_\_\_\_

## **RETURNING PLAYERS only**

Forward, Defence, Goal

Last Year Played: \_\_\_\_\_

Last Team Played on:

Total Years in NBC League: \_\_\_\_\_

(Q1) Would you play for the same Team? YES / NO

## **RELEASE FORM**

In signing this release, I acknowledge that I understand the intent thereof, and I hereby agree and absolve and hold harmless the NBC Hockey League, sponsors, organizations and any other parties connected with the NBC Hockey League in any way, singly or collectively, from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in the NBC Hockey League or any activities associated therewith. I certify that all information provided on this form is true and correct. I will abide by all rules of the NBC Hockey League.

*By signing this document, I acknowledge that the NBC Hockey League will follow the COVID-19 protocols advised by the Brant County Health Unit.*

**I also agree to abide by the rules of the rental facility.**

**Signature: \_\_\_\_\_ (must supply signature)**

Cash \_\_\_\_\_ Cheque \_\_\_\_\_ \$ 25.00 charge for all NSF Cheques (cash payment required)

Note: If registering prior to September 1, cheques may be post dated to September 1.

Returning players can deliver completed form & cheque to (at least one week prior to registration):

or

**NBC Hockey League  
8 Black Locust Way  
Brantford, ON N3R 7C7**

**NBC Hockey League  
40 Winding Way  
Brantford ON N3R 3S3**

Form Rev. Date 08/06/2025