

ANCASTER SPORTS CENTRE

REGISTRATION FORM PLEASE PRINT

E-mail form to
info@ancastersportscentre.com or
drop off at Ancaster Sports Centre

1030 Lower Lions Club Rd,
Hamilton, ON L9H 5E3

ADULT LEAGUE@ANCASTER SPORTS CENTRE - FALL 2016

- | | |
|----------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Sunday - Co-ed & Mens Open | <input type="checkbox"/> Monday - Ladies |
| <input type="checkbox"/> Tuesday - Mens Open | <input type="checkbox"/> Wednesday - Co-ed |
| <input type="checkbox"/> Thursday - Mens 35+ | |

Team Registration

\$1400.00 All-in

Individual Registration

\$174.95 All-in

Participant's / Team's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Main Phone: _____ **Secondary Phone:** _____

Emergency Contact Name & Number: _____

Participants Date of Birth: _____ / _____ / _____ **Sex:** **Male** **Female**

E-Mail: _____

Request to play with: _____

How did you hear about this league: _____

Payment Options: **Cash** **Cheque (Payable to Ancaster Sports Centre)** **Visa** **MasterCard**

Credit Card #: _____ **Expiry:** _____ / _____ **3 Digit CV:** _____

Registration cancellations are subject to a \$25 Service Charge No Refunds after September 15th, 2016

THE UNDERSIGNED IS RESPONSIBLE FOR THE CONDUCT OF THE PLAYER WHILE PARTICIPATING IN THIS PROGRAM. THE PLAYER SHALL BE GOVERNED BY THE ANCASTER SPORTS CENTRE. IT IS UNDERSTOOD THAT THE UNDERSIGNED PERSON OF LEGAL AGE OF LEGAL GUARDIAN SHALL NOT HOLD THE ANCASTER SPORTS CENTRE, COACHES, ADMINISTRATORS, OFFICIALS, OR THE FACILITIES USED, LIABLE IN THE EVENT OF AN INJURY OR LOSS. THE PLAYER LISTED ABOVE IS REGISTERED UNDER THE CARE OF THE UNDERSIGNED AND ASSUMES ALL RISKS THROUGH ENROLLMENT IN THIS PROGRAM WITH THE UNDERSTANDING THAT ALTHOUGH PLAY IS "NON-CONTACT" IT CONSISTS OF PHYSICAL INTERACTION CAPABLE OF INJURY.

Parent/Guardian Signature: _____ **Date:** _____