NAPANEE CRUNCH FEMALE HOCKEY ASSOCIATION 2019/2020 REGISTRATION FORM

PLAYER CONTACT INFORMATION:	
Last Name:	First Name:
Date of Birth: (DD/MM/YY)	Organization last year:
Street Address:	
Town:	Postal Code:
Phone Number:	Family E-mail Address:
Parent(s) Name:	
Emergency Contact & Phone Number:	
of conduct (as per Napanee Crunch Constitution and O' in organized hockey do so at their own risk and that the Officials or Sponsors will not be held responsible for an Code of Conduct	layer agrees to follow the guidelines for fair play and player responsibilities, codes WHA policies) and the laws of the game. I understand that all players participating ne Napanee Crunch Female Hockey Association, it's Executive, Coaches, Managers, by injuries. or which is expected of all Ontario Women's Hockey Association (OWHA) Members,
conduct themselves at all times in a fair and respondisrespectful, offensive, abusive, racist or sexist. In pawill not be tolerated by the OWHA. During the cours OWHA members or the sport of hockey into disrepute Members shall not use unlawful or unauthorized drug shall not engage in activity or behavior which endang Team, Association, Program, and League operational prules governing any competition in which the member	
Signature:	
Photo Release: I authorize the use of any media (rad Signature:	lio/newspaper/website/TV) taken while participating in the above program. Date:
My Child is currently serving a suspension –	OWHA Permission Required
** My Child is trying out at another Hockey Centre – Yes No	
DO NOT USE – REGISTRAR USE ONLY	
TRYOUT FEES:	
Tryout Fee Paid	Tryout Jersey #:
Receipt Issued	Receipt No. Issued: