Langley Girls Ice Hockey Association

LGIHA P.O. Box 32022, Langley, BC V1M 2M3 e-mail: registrar@langleygirlshockey.com
Website www.langleylightninggirlshockey.com

Registration Date: _____

Player Name: _____ **Birth Date:** _____

Address: _____ **Home Phone No.:** _____

City: _____ **Postal Code:** _____

Mother's Name: _____ **Father's Name:** _____

Cell Phone No.: _____ **Cell Phone No.:** _____

E-mail Address: _____ **E-mail Address:** _____

Players will be tiered according to their ability and age

Hockey History:

Previous Years	Association	Division	Goaltender? Position

Emergency Contact: _____ **Phone Number:** _____

Doctor: _____ **Phone Number:** _____

Care Card Number: _____

Medical Information in Case of Emergency: _____

I can volunteer in the area of: Please check one	Head Coach	Asst Coach	Manager	HCSP/Safety

NO REFUNDS AFTER OCTOBER 15TH

I hereby certify to and agree to carry out fully all rules and regulations of the B.C.A.H.A. and the L.G.I.H.A.

WAIVER: In consideration of this application to play under the LGIHA, I hereby waive its officers, successors, member associations ar anyone acting on their behalf from all manner of litigation, damage claims or demands in law or in equity which I may have or acquire by reason of personal injury to my daughter/self, and/or loss or damage to property which may occur during or by reason of my/her participation in games/practices under its jurisdiction.

Parent/Guardian Signature: _____ **Player Signature:** _____

Association Use Only:

Division		Amount	Cheq #	Date			Balance		
Registration Fee $	Payment 1								
Registration Fee $	Payment 2								
Registration Fee $	Payment 3								
Registration Fee $	Payment 4								
Registration Fee $	Payment 5								
Jersey Dep.									
Volunteer Dep									
Rep Fees									
Start up Camp									