

PWBHA Registration Form
Peterborough Women's Ball Hockey Association

Is a proud member of the



Name: _____ Date of Birth: (D) ____ / (M) ____ / (Y) ____

Phone: _____ E-mail: _____

I am Registering with:

(Team) _____

(Team Rep) _____

Players must be female and a minimum of 14 years of age at the time of registration.

The PWBHA reserves the right to refuse entries and/or add players and/or move players to balance teams.

Waiver to be signed by player (or parent if player is under 18 years of age)

In consideration of the Peterborough Women's Ball Hockey Association (PWBHA) permitting the player to participate in any of the activities of the PWBA, I, for myself, my family, heirs, successors, and executors hereby indemnify and hold harmless, the PWBHA, its directors, officers, successors and assigns, from all costs, claims, actions, damages, or liabilities, whatever their nature or however caused, resulting from the participation of the player in any activities of the PWBHA.

Signed: _____ Date: _____

Registration Fee & Payment

Team Registration: \$1600 - Payment must be received before the teams first game.

[] Cash

[] Cheque - Payable to: PWBHA

Amount \$ _____ Payed to: [] PWBHA [] Team Captain

(Please do not write in this area)

Peterborough Women's Ball Hockey Association
Registration Fee Receipt

Received from: _____

Amount \$ _____ for PWBHA Summer Season running from April-August 2018.

[] Cash [] Cheque - Payable to PWBHA

Date: _____ Signed: _____