



APPLICATION FOR SHINNY HOCKEY

SHINNY

Group Name: _____ Number of Players: _____

Start Date: _____ End Date: _____

If required, please identify who should be listed as additional insured on your Certificate of Insurance (Arena, Municipality, City, etc):

PRIMARY CONTACT

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ Alternate Phone: _____

Prov: _____ Postal Code: _____

SECONDARY CONTACT (if applicable)

Name: _____ Email: _____

Phone: _____ Alternate Phone: _____

PAYMENT METHOD:	<input type="checkbox"/> Cheque/ Money Order enclosed (payable to iPlayHockey)	PAYMENT AMOUNT _____
	<input type="checkbox"/> Payment via Online Banking	
	<input type="checkbox"/> VISA <input type="checkbox"/> MC CARD # _____	Expiry Date _____
	Card Holder (PLEASE PRINT) _____	Signature (AUTHORIZATION) _____

Each participant, or in the case of a minor, each parent/guardian of a participant, acknowledges that participation in the iPlayHockey team/league entails inherent risks of physical injury and that participation is voluntarily. The participant, or the participants parent/guardian, assumes full responsibility for any risks of loss, property damage or personal injury that may be sustained as a result of participating in the iPlayHockey team/league.



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