



# 2018-19 Black Youth Ice Hockey Registration Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

D.O.B. (D/M/Y) \_\_\_\_\_ NS Health Card #: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ E-mail: \_\_\_\_\_

Has he/she ever played Ice hockey before: Y / N

If so when and where: \_\_\_\_\_

Please briefly describe why your child should be enrolled in this program and how he/she would benefit from this program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Registration Cost: \$200.00 (Cash or Cheque)**

**Payment will be accepted at the first ice session on Saturday October 20<sup>th</sup> 2018**

I will provide payment in the method of; *Cheque* *Cash*

As the Parent/Guardian, I accept the responsibility of having my child involved in Hockey Nova Scotia's Development Programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The program is only open to first year players to the program. For those players wishing to return for a second year, these players will be put on the list but priority is for first timer players between the ages of 5-10.

The program will begin on Saturday October 20<sup>th</sup> 2018 and run until Saturday March 16<sup>th</sup> 2019. All sessions go from 1:45-2:35 (50 minutes) at the BMO Centre in Bedford NS.

**Please return the signed registration form by email or in person to:**

Hockey Nova Scotia  
Brad Taylor  
7 Mellor Avenue, Unit 17  
Dartmouth, Nova Scotia B3B 0E8  
Email: [btaylor@hockeynovascotia.ca](mailto:btaylor@hockeynovascotia.ca) Phone: 902.454.9400