NORTHWOOD COMMUNITY CENTRE INC.
1415 BURROWS AVENUE
WINNIPEG, MANITOBA
R2X OS7
PHONE 582-7555 FAX 586-1647

SPORTS REGISTRATION FOR THE YEAR _____

PLEASE NOTE: REGISTRATION FEES ARE PAYABLE IN CASH OR CERTIFIED CHEQUE.

Circle one of the following: T-BALL BASEBALL SOFTBALL SOCCER HOCKEY
RINGETTE INLINE OTHER _____

NAME (in full) _____

ADDRESS _____ POSTAL CODE _____

PHONE NO. Day: _____ REGISTRATION NO. _____(6 digit)
Evening: _____ PERSONAL HEALTH ID _____(9 digit)

DATE OF BIRTH _____ _____ _____ AGE _____
Month Day Year

REGISTRATION FEE: $_____

METHOD OF PAYMENT: CASH CERTIFIED CHEQUE OTHER RECEIPT # _____
(circle one)

As a Parent/Guardian, I understand that I am responsible for any uniform equipment issued to the player. The uniform/equipment will be returned following the season to the coach/manager in reasonable condition. If not returned, I will be charged for the cost of the replacement.

PARENT/GUARDIAN _____ **Date** _____
(print name)

Northwood will not survive without your support and the help of parent volunteer participation. A _____ family fee may be required at registration time, which is refundable once volunteer hours are worked. Three hours of your time is all that is needed to receive your family fee back. (if applicable)

PLEASE CHECK WHERE YOU CAN HELP: COACH MANAGER CANTEEN TOURNAMENTS BINGO
NEVADA COMMITTEES ICE MAKING OTHER _____

FAMILY FEE RECEIVED _____ TOTAL HRS VOLUNTEERED _____
receipt #

PLEASE READ ** **PLAYER WAIVER** **
I THE UNDERSIGNED PARENT/GUARDIAN OF THE ABOVE NAMED CHILD DO HEREBY GIVE MY APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL TEAM ACTIVITIES DURING THE CURRENT TEAM SEASON.

_____
Parent/Guardian Signature

DATE _____ REGISTRAR_____