



Perry's Wild 3 on 3 Hockey League

Player Registration

Player Name: _____
Address: _____
City: _____
Postal Code: _____
Date of Birth: MM DD YY
Home Phone: _____
Work Phone: _____
Email: _____
Players Position: _____
Jersey Size: _____
Player Number: 1st choice 2nd choice
Player Shoots: _____

Please circle level

2025-2026 Ice Hockey Experience AAA A/AA MD House League

Parents Interested In Coaching: _____

Parent Signature: _____

Waiver:

In consideration of the Applicant's participation in PERRY'S WILD 3 ON 3 HOCKEY LEAGUE, the Applicant agrees that Perry's Wild 3 on 3, its properties, participants and employees, will not be responsible for any accident or loss however caused, and agrees to release them from all claims and damages which may arise as a result of such accident or loss. In the event that the Applicant is incapacitated, or if the Applicant is a child, I hereby give you permission to seek out any necessary medical assistance the Applicant may require while attending the program.

In signing the application, the Applicant acknowledges that he/she has read and understands the conditions and certifies that he/she is in good physical and mental health.

Signature of Participant, Parent or Legal Guardian

Date: _____
Month / Day / Year

Player Cost : \$399.00 (\$353.10 + 45.90 HST)
Goalie Cost \$275.00 (\$243.36 + 31.64 HST)

family rates

2 Siblings - \$750.00 (663.72 + 86.28 HST)
3 Siblings - \$1050.00 (929.20 + 120.80 HST)

All payments are non-refundable

Make Cheques Payable and Mail with registration form to:

Perry's Wild 3 on 3 Hockey
c/o Robin Perry
1042 Sheffield St., Sarnia, Ontario N7S 4M1
or
e-transfer to perrys3on3@gmail.com
(please indicate player you are paying for)