

MILTON PLEASURE LEAGUE
2017 – 2018 APPLICATION FORM
www.mplhockey.com

NOTE: This form must be submitted ASAP, with a cheque post-dated to September 12, 2017, made payable to the "MILTON PLEASURE LEAGUE", in the amount of \$415.00. Please send to the attention of; Verne O'Neil, 224 Ledwith Dr, Milton ON,L9T 5X1

The League reserves the right to refuse to register or re-register any application by any player at the league's discretion. For more information, see our website at [www. mplhockey.com](http://www.mplhockey.com) –

Player Name _____

2016-2017 Team Name _____

Date of Birth, Month _____, Day _____ Year _____

Address _____ Town _____

Postal Code _____ Phone # _____

Cell Phone # _____

e-mail address _____@_____

Position (circle one) GOALIE DEFENCE, CENTER , WINGER, FORWARD , ANY but Goal

Highest level of hockey played: (Circle One)

Minor Hockey
House League

Minor Hockey
Rep

Junior
Tier 2/3

Major Junior
University

Pro/
Semi pro

I have read the Player Agreement (Warranty and Consent, Assumption Of Risk, Release And Waiver of Liability Indemnity Agreement) outlined on the league website. I have read this document thoroughly and agree to the terms.

SIGNATURE OF PARTICIPANT

printed name of participant

Date