



Amendment 1 - Released Feb 13, 2008

## The Blackburn Minor Hockey Association Introduces 'Spring 4-on-4 Hockey' (Non-Contact)

This exciting new program will provide a great opportunity for our players to maintain and further enhance their skills, following the winter season.

**New Info**

- Registration is first being offered to BMHA players (starting at IP level if progressing to Novice in the Fall), other GHA house-league players, then within our local community.

**New Info**

- Most games will be played at the Bob MacQuarrie Recreation Complex (formerly Orleans Recreation Centre – Youville Drive), with the balance of the games at Potvin Arena (Shefford Road).

Teams will be established by BMHA 'level' and when each level has enough players who have registered, a 4-on-4 team is created and your ice time is reserved! (Space is limited to 24 players and 3 goalies per level.) Registration is also based on a first come first served basis so do get your registration in today!

**Cost: \$100.00 for 9 weeks!!**

**When: April 19 to June 21**

(Schedule to follow.)

### Game Rules:

- ~ **NO** body checking at any age level ~
  - ~ 90 second buzzer to indicate line change ~
  - ~ Games are continuous flow with no face-offs ~
  - ~ Focus is on fun, creativity, and skills development ~
- **Full hockey equipment including mouth guards is Mandatory.**

<http://blackburnstingers.com/registration.php>



# Spring '4-on-4' Registration Form

Please make cheques payable to the **BMHA** and deliver with the completed registration form, to:

**Dave Campbell**  
**6109 Westwater Crescent**  
**Ottawa, ON**

Google Map:



Tel: 613-853-4636 or  
E-mail: [Stingers\\_registration@sympatico.ca](mailto:Stingers_registration@sympatico.ca)

**REMINDER: Registration is on a first come, first served basis.**

Player's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Player or Goalie? (circle one) Current Level: \_\_\_\_\_

Parent Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: H) \_\_\_\_\_ C) \_\_\_\_\_ W) \_\_\_\_\_

Address: \_\_\_\_\_

### Waiver:

I, the undersigned parent/guardian, hereby grant my consent to have the above-named child participate in the playing of hockey under the BMHA, GHA, ODMHA, CHA and/or its branches, divisions and its Constitutions, By-Laws, Duties, Rules and Regulations.

I agree that the BMHA, affiliated associations/organizations, etc, the Executive, the Board of Directors, and/or the team officials are not to be held responsible for any loss of equipment, or injuries that may result in the performance of his or her participation, on or off the ice.

I give permission to any member of the BMHA, affiliated associations/organizations, etc the executive Board of Directors and/or team officials to take my above-named child, or ward to a nearby Doctor, clinic, or hospital in the event of injury, and I do by these presents give permission, and/or authorization to the Doctor, clinic, or hospital medical/nursing staff to examine, treat, and carry out all necessary tests and treatment that may be required.

### ACCEPTANCE

By signing below, I acknowledge that I have read and understood the Rules and Regulations of the BMHA and this 4-on-4 Program and have explained them to the Player. I agree to abide by these Rules and Regulations and to cause the Player to abide by them. I acknowledge that I have read and understood the above Registration Conditions and Waiver, and agree to be bound by these terms.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_