

# Niagara Women's Recreational Hockey League

**Payment and Registration must be submitted by September 30th of the current season before any player can participate.**

This is a recreational league. CARHA Hockey rules are in effect.

For more information or questions, contact Rhonda Sadler NWRHL Registrar 905-562-8537  
or visit: [www.nwrhl.webs.com](http://www.nwrhl.webs.com)

Send payment and registration to:

**NWRHL, c/o Rhonda Sadler, 3584 Regional Rd. 69, St. Anns, ON, L0R 1Y0**

Wednesday night recreational league player registration fee is \$325 until Sept 8<sup>th</sup>,  
\$375 beginning September 9<sup>th</sup>.

Monday night masters league player registration fee is \$305 until Sept 8<sup>th</sup>, \$355 beginning Sept 9<sup>th</sup>.

For players wishing to participate in both leagues the registration fee is \$575.

Goalie registration fee is \$230. Please make cheques payable to NWRHL.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Last NWRHL Team: \_\_\_\_\_ Do you wish to play on the same team: \_\_\_\_\_

Last Year Played: \_\_\_\_\_ League played In \_\_\_\_\_

Years of Hockey Experience \_\_\_\_\_

Highest level played: House league [  ] Competitive [  ] University/College [  ] Other [  ] \_\_\_\_\_

Position played: \_\_\_\_\_

Acknowledgement of Risk The undersigned hereby acknowledges that participation in sporting activity involves the voluntary assumption of risk of physical injury. The undersigned further acknowledges that St. Catharines Arenas are attended by both sporting participants and the general public. With full knowledge of the above, the undersigned consents to and releases the NWRHL and affiliates, from liability for any injury or loss or property that may arise during their time at the facility. I have read, understand and accept all statements:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date received _____ Cheque no. _____ Paid in full _____
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