



Manitoba Broomball

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Website: www.manitobabroomball.com

Registration Year _____

Forms including applicable fees (cheques payable to MABA) must be received prior to participating in any sanctioned event. Please print – Only legible forms will be accepted.

Individual Registration FEE: Provincials/Nationals: \$ 30.00 _____ (check one)
Recreational/League Only: \$ 15.00 _____ (check one)

SURNAME: _____ GIVEN NAME: _____

MAILING ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

Telephone #: _____ (H) _____ (W)

E-mail: _____

GENDER: Male _____ Female _____ Date of Birth: _____ day _____ month _____ year

REGISTRATION CATEGORY: Please complete all applicable information

Player _____ Coach _____ Level _____

Associate: _____ Official _____ Level _____
Administrative members

Waiver:

I hereby declare that my participation in the sport of Broomball is voluntary and I assume and accept all risks associated within. I also declare that I remise, release and forever discharge and by these presence do for myself, my heirs, executors, administrators and assigns, remise, release and forever discharge the Canadian Broomball Federation and also the Manitoba Amateur Broomball Association or team affiliated with said corporate associations, their directors, officers, employees, agents, volunteers, from any and all manner of actions, cause and cause of actions, suits, debts, sums of money, damages, claims and demand whatsoever at law or at equity which I ever had, or now have, or which I, or my heirs, executors, administrators, or assigns hereafter can, shall or may have by reason of any matter, cause or thing whatsoever existing as a result of personal injury, death, property damage, or lose sustained by me in consequence of my participation in the sport of Broomball.

Applicant Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____
For applicant under 18 years of age

Witness Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Paid by: Cheque _____ # _____
Cash _____