

WINNIPEG CENTRAL HOCKEY LEAGUE INDIVIDUAL APPLICATION 2024/25

PLAYER NAME	=		
DEPOSIT \$	Е	BALANCE \$	
ADDRESS			
CITY/PROV		POSTAL CODE	
PHONE (H)	(B)		ext
CELL#	E-MAI	L	
POSITION(Let us know if you will consider playing defence)			
TEAM NAME_			
SHOOTS		ve us your top 3 choice	
PLAYER SIGNA	ATURE		

CONSENT & WAIVER OF RESPONSIBILITY:

The players representing the aforementioned team agree that Winnipeg Central, also known as the W.C.H.L. and/or hockey league, its directors, instructors and its staff are not liable for, nor will be responsible for any accidents or loss however caused, and agree to release same from all claims and/or damages. Which may arise as a result of such accidents or loss, while participating in League sanctioned events.