



ST.CATHARINES SUMMER MINOR HOCKEY LEAGUE 3 ON 3 REGISTRATION FORM - Individual Entry

Print the form, complete and mail to address below

| | | | | | | | |
|------------------------------|---------------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------|-----------------------------|------------------------------|
| Name: | Date of Birth: | | | | | | |
| | D M Y | | | | | | |
| Address: | City: | Postal Code: | | | | | |
| Home Phone: | Cell 1: | Cell 2: | | | | | |
| Email 1: | Email 2: | | | | | | |
| | | | | | | | |
| Division: | Atom <input type="checkbox"/> | Peewee <input type="checkbox"/> | Bantam <input type="checkbox"/> | Midget <input type="checkbox"/> | Preferred Position: | | |
| Level: | House League <input type="checkbox"/> | Select <input type="checkbox"/> | AE <input type="checkbox"/> | MD <input type="checkbox"/> | A <input type="checkbox"/> | AA <input type="checkbox"/> | AAA <input type="checkbox"/> |
| I would like to play with... | | | | | | | |

PLAYER HEALTH CERTIFICATION: Upon signing this application, the parent/guardian certifies that the player is in good normal health, is properly equipped (full hockey equipment mandatory) and has no abnormal handicaps.

PLAYER/PARENT/GUARDIAN CONDUCT: The St. Catharines Summer Minor Hockey League and/or Halton Mens Hockey Inc. operates on Municipal property with the permission of the City of St. Catharines. To this end, players, parents/guardians and participants will respect the facilities and grounds and will abide by the rules set forth by the facility and staff.

PARTICIPANT WAIVER AND INFORMED CONSENT: To whom it may concern: I, the undersigned, authorize The St. Catharines Summer Minor Hockey League and/or Halton Mens Hockey Inc. and/or City of St. Catharines and/or anyone acting on their behalf to acquire necessary medical aid that may be required as a result of any accident or injury which may be sustained by my child. I have been warned and informed via this document that insurance coverage is not provided and there are serious physical risks associated with hockey, including, but not limited to falls and/or collisions with stationary objects, other players, skates pucks and sticks. My signature below indicates my informed consent to allow my child to participate knowing the risks involved. And I hereby indemnify and save harmless the The St. Catharines Summer Minor Hockey League and/or Halton Mens Hockey Inc. and/or City of St. Catharines and/or anyone acting on their behalf from any and all actions, claims and demands for damages, loss or injury however arising which here to after may have been sustained by

Player's name: _____

while participating in any activity or facility operated by The St. Catharines Summer Minor Hockey League and/or Halton Mens Hockey Inc. and/or DJ Management and/or City of St. Catharines. My signature below indicates that I am a Parent/Legal Guardian/Adult participant having the legal right to assume the conditions above on behalf of the player named above. My signature below also indicates that I have thoroughly read and agree to all of the terms above.

Player Signature: _____ Parent Signature: _____

Parents' First Names: _____ & _____

Dated this _____ day of _____, 2019

FEES: \$255.00 + HST + \$10.00 refundable sweater deposit = \$298.00

MAIL TO: 5264 Erin Third Line, RR2 Acton, Ont. L7J 2L8

Registration not valid without signatures and payment (cheque or cash only)