



## ST.CATHARINES SUMMER MINOR HOCKEY LEAGUE 5 ON 5 REGISTRATION FORM

**Print the form, complete and mail to address below**

Name:		Date of Birth:		D / M / Y	
Address:		City:		Postal Code:	
Home Phone:		Cell Ph.			
Email:					
Any Medical Conditions (specify):					
Preferred position:		GOALTENDER <input type="checkbox"/>	DEFENCE <input type="checkbox"/>	FORWARD <input type="checkbox"/>	
Calibre last played:		House L. <input type="checkbox"/>	Select <input type="checkbox"/>	AE <input type="checkbox"/>	MD <input type="checkbox"/>
		A <input type="checkbox"/>	AA <input type="checkbox"/>	<b>No "AAA"</b>	
I would like to play with:					
Novice & Atom - I would also like to register in the Development Program.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parents - Are you interested in coaching or sponsoring a team?		Coaching <input type="checkbox"/>	Sponsoring <input type="checkbox"/>		

**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. operate 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 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: \_\_\_\_\_ & \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

**FEES: \$298.00 + HST + \$10.00 refundable sweater deposit = \$347.00**

**If also registering in the Development Program, add \$59.00 = \$414.00**

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

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