



ST.CATHARINES SUMMER MINOR HOCKEY LEAGUE 4 ON 4 REGISTRATION FORM - Team Entry

Complete, print and mail to the address below

Team Name:	Team Colours*:				
Division:	U11 <input type="checkbox"/>	U13 <input type="checkbox"/>	U15 <input type="checkbox"/>	U17+ <input type="checkbox"/>	
Team Representative's Name:					
Address:		City:		Postal Code:	
Home Phone:			Cell:		
Email:					

TEAM REP HEALTH CERTIFICATION: Upon signing this application, the team rep certifies that all players are in good health, are properly equipped (full hockey equipment mandatory) and have 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.

TEAM REP 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 members of this team. 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 confirmation that I have explained these risks to the parents of all team member. 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 any member of the team 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 the team rep having the legal right to assume the conditions above on behalf of the team players named on the roster sheet. My signature below also indicates that I have thoroughly read and agree to all of the terms above.

Rep _____ Dated this _____ day of _____ 2021
Signature: _____

TEAM ENTRY FEES: \$3,370.00 + HST = \$3,808.00 (based on 9 players and a goalie)

MAIL TO: St.Catharines Summer Hockey, 5264 Erin Third Line, RR2, Acton. Ont. L7J 2L8

NOTE: No partial teams are accepted.

****Colours: Teams are required to provide their own sweaters, colours pending league approval. Consult league before purchasing sweaters.***