STRATHROY CARADOC YOUTH HOCKEY REGISTRATION FORM

Registration Date: **June 13 6-8PM, June 14 9AM-2PM**
Registration Location: **Gemini Sportsplex, Strathroy**
Registration Cost: **$210 per Child**

Player Information:

_____ FIRST NAME _____ LAST NAME _____ DOB YY/MM/DD ☐ Male ☐ Female

_____ STREET ADDRESS _____ CITY/TOWN _____ POSTAL CODE _____ PHONE #

_____ E-MAIL ADDRESS _____ 2ND PHONE NUMBER

_____ FATHER'S NAME _____ MOTHER'S NAME _____ YRS EXP _____ LEAGUE

CARPOOL REQ: _____ OTHER REQ: _____

Waiver/Indemnity Clause:

While the children are supervised at all times on the ice and, all attempts will be made for the safety of the participants, the very nature of the sport of hockey leaves open some risk of injury. This Strathroy Caradoc youth Hockey Organization and/or any of its operators/executives, volunteers, officials, affiliates or sponsors does not and can not assume any responsibility for any form of injury, damage, or loss resulting from any accident, from any known or unknown conditions, handicap or infection, howsoever caused.

I _____ have read the above waiver and accept these conditions.
Print Name (parent/guardian)

SIGNATURE: _____ DATE: _____

VOLUNTEER SECTION:

COACH ☐ GROUP _____ Notes: _____

ASSISTANT COACH ☐ GROUP _____ Notes: _____

REFEREE ☐ GROUP _____ Notes: _____

FOR OFFICE USE ONLY:

ASSIGNED GROUP: _____ AMOUNT PAID: _____ CASH: ☐ CHQ: ☐ CHQ# _____ CHQ DATE: _____

Notes: _____

Date: _____/_____/20_____

Strathroy Caradoc Youth Hockey 2008-2009 Season
PO BOX 26 Strathroy, ON N7G 3J1

Received From (Full Name): _____ Child's Full Name: _____

Child's DOB: _____ YY/MM/DD Registration Fee: _____ Eligible Amount: _____

Registration Committee Member Signature: _____

THERE WILL BE A $25 CHARGE FOR NSF CHEQUES. FULL AND PARTIAL REFUNDS AVAILABLE IF CHILD LEAVES THE LEAGUE