

STRATHROY CARADOC YOUTH HOCKEY REGISTRATION FORM



Registration Date: **March 23, 2018 7:30 pm - 11:00 pm**
 March 24, 2018 9:00 am - 5:00 pm

Wescast Room Gemini Sportsplex

Registration Cost: \$240 per Child Registration Deadline : September 15, 2018

***Please note, registration cost after this date will be \$260 and players will not be guaranteed a spot.**

Player Information:

| | | | |
|--|--|--|--|
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | |
| LAST NAME | FIRST NAME | DOB: DD/MM/YYYY | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |
| STREET ADDRESS | CITY/TOWN | POSTAL CODE | PHONE # |
| <input style="width: 90%;" type="text"/> | | <input style="width: 90%;" type="text"/> | |
| E-MAIL ADDRESS | | 2 ND PHONE NUMBER | |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |
| FATHER'S NAME | MOTHER'S NAME | YRS EXP | LEAGUE |

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.

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

SIGNATURE: _____ DATE:

VOLUNTEER SECTION: Please check if willing to coach / assistant coach and Check Group your child is in

Coach ASSIST Coach Group A (5-7) Group B (8-10) Group C (11-13) Group D (14-17) Name:

REFEREE (Circle Group) Group B (Ages 11+) Group C (Age 14+) Group D (Age 18+) Name:

FOR GROUP C and D aged Players: INTERESTED IN PLAYING GOALIE - NO Occassionally ½ time More

FOR OFFICE USE ONLY:

AMOUNT PAID: _____ CASH: CHQ: CHQ# _____ CHQ DATE: _____

Notes: _____



RECEIPT AMOUNT: \$ _____ DATE: _____

Executive: _____

FROM: STRATHROY CARADOC YOUTH HOCKEY REGISTRATION FEES
 ***THERE WILL BE A \$5 CHARGE FOR NSF CHEQUES. FULL AND PARTIAL REFUNDS AVAILABLE PER LEAGUE POLICY.
 POST DATED CHEQUES WILL BE EXCEPTED DATED NO LATER THAN AUGUST 15, 2018.