

SHAWVILLE AND DISTRICT MINOR HOCKEY ASSOCIATION

P.O. BOX 1061, SHAWVILLE, QC J0X 2Y0

PLAYER REGISTRATION FORM

Player name _____ Municipal/User card # _____

Registered last year Yes No Player's position _____

Date of birth _____ Division this year _____
Year Month Day

Health Insurance card number # _____

Parent or guardian _____

Mailing address _____

Municipal address _____ E-mail: _____

Telephone _____
Home Work Cell/Pager/e-mail

Emergency contact _____
Person Home Work/Cell/Pager

Emergency contact _____
Person Home Work/Cell/Pager

Family Physician _____

Medical condition(s), comments, allergies and medication, if any _____

Registration fee _____

Payment: Cash \$ _____ Cheque \$ _____ Postdated cheques 1st _____

Late fee \$ _____ 2nd _____ 3rd _____

Received by _____ 4th _____ Fundraiser _____

PARENT OR GUARDIAN CONSENT

I accept all risks arising from the participation of the above player in the Shawville and District Minor Hockey Association and release the Shawville and District Minor Hockey Association from any injury or damage claim or action.

I _____, hereby acknowledge that participation in sports activities organized by Shawville and District Minor Hockey Association involves risk of injury, minor or serious, including permanent disability. These types of injury may result from my own actions, the actions of others, or a combination of both.

I understand that the rules and regulations are designed for the safety and protection of participants and I hereby undertake to abide by these rules and regulations. I also understand that certain activities require a minimum level of fitness for safe participation.

I further understand that the activities, programs and services offered by Shawville and District Minor Hockey Association are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience.

I consent to participate acknowledging all the foregoing risks.

I also agree that the player and all family members will abide by the Association Constitution and all Q.I.H.F. and C.A.H.A. Constitutions, By-Laws, Regulations and Playing Rules.

I certify that the player lives at the address shown above.

I take responsibility of replacing or returning any equipment belonging to the above association.

Date _____ Parent / Guardian Signature _____
1st Copy-Player 2nd Copy-Coach 3rd Copy-Registrar 4th Copy-Municipality