



Stoney Creek Girls Hockey Association

2011/2012 FUNdamentals/Pre-Hockey Registration Form



Player's Name: _____ Birthdate (MM-DD-YY): _____
 Skating Experience: _____ 2009/10 Instructor : _____
 Parent(s) Name(s): _____ Phone 1: _____
 Address: _____ Phone 2: _____
 City: _____ Postal Code: _____ Email: _____
 Preferred Position: _____ Years Played: _____ New address from last year? (Y/N): _____

Parents, we need your help to continue delivering a quality program. Please select an area of volunteer interest:

Coach ____ Asst Coach ____ Trainer ____ Manager ____ Team Rep ____ Dressing room Monitor ____ Team Sponsor ____ Where Needed ____

Please note that participants &/or parents/guardians are required to volunteer at and support SCGHA fund raising initiatives. All volunteers are subject to the SCGHA screening process.

Registration Fees

IP Program:

FUNdamentals 1 (1 hour per week)
 FUNdamentals 2 (1 hour per week)

Payment in FULL Received

before September 15th, 2011

\$ 245 Sundays 9am or 10am
 \$ 245 Sundays 9am or 10am

FUNdamentals Program #	
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Concerns for player placement: (Health issues or other)

These entry-level programs offer special initiation discounts and are not part of the special Family Discount offer.

The registration deadline for programs is **September 15th, 2011** Late registrations are subject to program availability.

Registration must be paid in FULL before player will be allowed to participate.

Participation may be limited by City of Hamilton Residency Restrictions.

Disclaimer

I declare by signature, that I represent all legal parents and/or guardians of the child named on this form. I hereby for myself, my heirs, executors and administrators, as well as those of the group previous, waive and release any and all rights and claims that I may have or that may arise against the City of Hamilton, or other locales registered governing body representatives, and the Stoney Creek Girls Hockey Association representatives or sponsors for any and all injuries or losses suffered by myself or my child, named on this form, while participating in, or traveling in connection with the program(s) of the Stoney Creek Girls Hockey Association.

By signing this application, you are consenting on your behalf and on behalf of your child, or those whose interests are listed above, to the collection, use and disclosure of your personal information for the purposes of membership in the registered governing body, Stoney Creek Girls Hockey Association. The personal information you provide will be used for purposes reasonably associated with your child's enrollment as a hockey player. The main use of the information is to obtain insurance and for use in any necessary disciplinary proceedings. The personal information will not be disclosed to third parties other than as stipulated unless required by law.

Signature of Parent or Legal Guardian: _____ **Date:** _____

Please note:

- All new players must provide a photocopy of their birth certificate.**
- The City of Hamilton's Zero Tolerance Policies, and the Code of Conduct of our governing bodies bind all participants. This applies to all players, SCGHA representatives, opposing teams and all spectators.**
- The registration form must be complete and signed by a parent or legal guardian. Registrations will be processed on a first come first served basis. Incomplete forms and forms without the appropriate registration fee will be returned.
- There will be a \$25 fee for NSF cheques.
- Registration refunds after October 31st, 2011 for medical reasons only. Approved refunds will be given less prorated ice consumption and are subject to a \$100.00 administration fee. **NO REFUNDS AFTER NOVEMBER 15th 2011-NO EXCEPTIONS.**

Please MAIL this form, together with registration fee to:

Registrar, Stoney Creek Girls Hockey Association
 P.O. Box 56016, Fiesta Postal Outlet,
 312 Grey Road Units 1 & 2 Stoney Creek, Ont. L8E 1V0

Office Use Only:

Date rec'd:
cheque #