PLAYER INFORMATION

Grey Highlands Shooting Stars Girls Hockey

NAME: _____ **BIRTH DATE**: _____/_____/_____
                                                                                                    (day)   (mon)   (year)

ADDRESS:_____

LOT & CONC. #:_____ FIRE #: _____ MUNICIPALITY: _____

                    CITY: _____POSTAL CODE: _____

HOME PHONE: (_____)_____ PREFERRED EMAIL:_____
                                                                                      (Checked on a regular basis)

PARENT INFORMATION

Father's Name_____   Mother's Name_____
Telephone (Home) _____   Telephone (Home) _____
(Cell) _____   (Cell) _____
Additional Email _____   Additional Email _____
(Communication with team is primarily by e-mail. Please provide only e-mail accounts that are checked on a regular basis.)

I wish to volunteer my services as: (requires Certification)   *I wish to volunteer my services as:* (requires Certification)
Coach   _____   Assistant Coach _____   Coach   _____   Assistant Coach _____
Trainer _____   Manager _____   Trainer _____   Manager _____

DECLARATION

By signing this registration form, the player agrees to abide by the rules and regulations of Grey Highlands Shooting Stars Girls Hockey Association, its governing bodies and any affiliated leagues and/or tournaments.

Player's Signature _____ **Date** _____

INDEMNITY AND AUTHORIZATION

I hereby release Grey Highlands Shooting Stars Hockey, all Coaches, Instructors and Officers from all claims of damages resulting from any accident which may arise from participation of the registrant during any part of my child's participation in such activities or by reason of the provision/administration of medical care to her. I further consent to allow my child's first name, last name, and jersey number to be displayed in the hockey program, local newspapers and other publications as required throughout the season. No other personal information will be released.

Signature _____**Date** _____
            (Signature of parent or guardian is required)

Each family is required to participate in The Shooting Stars Cash Calendar Ticket Fundraiser. Each player receives $125.00 worth of tickets to sell. A separate cheque in the amount of $125 is required to meet lottery license requirements, post dated for October 31, 2017.

Office Use Only – Registration Confirmation   Date Received _____ Total Amount Received $_____

Standard Registration Fee:	$550	Cash _____
Payment due by June 30, 2017	$550 / $275x2	
Cash Calendar Cheque (dated Oct 31)	$125	Cheq. #s _____
After June 30, 2017 (Late fee of $50)	$600	
After Aug. 31, 2017 (Late fee of $100)	$650	Processed by: _____

*If splitting registration into two payments, chq dates are June 30, 2017 & August 31, 2017