



## PLAYER INFORMATION

**2019-2020 Season**

**NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day) (month) (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)

**Coach** \_\_\_\_\_ **Assistant Coach** \_\_\_\_\_  
**Trainer** \_\_\_\_\_ **Manager** \_\_\_\_\_

**I wish to volunteer my services as:** (requires Certification)

**Coach** \_\_\_\_\_ **Assistant Coach** \_\_\_\_\_  
**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.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent or Guardian) (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 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, 2019.*

Payment Options: Can be paid in full at registration. Or paid in two installments by providing two cheques at registration, dated June 30<sup>th</sup> and August 31<sup>st</sup>. Please see back for more information.

Registration Confirmation	Date Received	Total Amount Received	\$
Registration Fee:	\$550	Cash	
Payment June 30, 2019	\$550 / \$275x2		
Cash Calendar Cheque (Oct 31)	\$125	Cheq. #s	
e-Transfer is now available!			
After Aug. 31, 2019 (late fee of \$50)	\$600	Processed by:	



## Important Registration Information

**Name of Player:** \_\_\_\_\_

Please check off and initial at the bottom to confirm that you agree to the below information:

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No Player will be permitted on the ice until full registration is received (including late fee and cash calendar if applicable). Full registration includes both pages of the registration form signed and full payment.

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If two cheques received for registration, the first is cashed on June 30, 2019 and the second is cashed August 31, 2019. Cash calendar cheques are cashed October 31, 2019.

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Late fee of \$50 will be applied to any registrations that are not received in full by August 31, 2019.

I agree to the terms stated above:

Print Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_