

## Huron-Bruce Minor Hockey 2018 -2019 Minor Hockey Registration Form

### FAMILY INFORMATION

Parent Name: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you willing to Coach?:  Yes  No If Yes, What Team?: \_\_\_\_\_

Registration Fees	
Pre-School OR First Year of Minor Hockey	FREE
1 Player (Initiation & Tyke included)	\$375
2 Players	\$640
3 Players	\$890
4 Players	\$1125
Participant Name	Date of Birth
1	
2	
3	
4	
5	

**\* All cheques must be POST-DATED for September 1<sup>st</sup> 2018** and submitted at time of registration.

Please make cheques payable to the Township of Huron – Kinloss.

**First Year Players – A Birth Certificate copy MUST be submitted with registration form for OMHA registration.**

One parent from each family must complete the Respect in Sport Parent Program for all new players

Please checkmark the program that each child will participate in.			Participant				
Year of Birth	Division	Trying out for Rep?	1	2	3	4	5
2014	Pre-School	* Copy of Birth Certificate Required					
2012 - 2013	Initiation						
2011	Tyke						
2010	Novice	BOYS <input type="checkbox"/> YES					
2008 - 2009	Atom	<input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> YES					
2006 – 2007	Peewee	<input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> YES					
2004 – 2005	Bantam	<input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> YES					
2001 – 2003	Midget	<input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> YES					
1998 - 2000	Juvenile	<input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> YES					

**Total Registration Amount:** \_\_\_\_\_

FOR OFFICE USE ONLY	
<input type="checkbox"/> Excel	Payment Method: _____
<input type="checkbox"/> Keystone	Date Received: _____

**PHOTO AND VIDEO CONSENT AND RELEASE**

By signing this form, you are consenting to the taking of photographs and/or video recordings of your child by the Township of Huron-Kinloss for the purposes of marketing and promoting programs. You are assigning to the Township of Huron-Kinloss and waiving any rights you have related to any photographs and video recordings and you are consenting to the use of such photographs and/or video recordings, in whole or in part, by the Township of Huron-Kinloss. I hereby agree to allow photographs and/or video recordings to be taken of my child, whether posed or candid, while he/she is on Township of Huron-Kinloss property and/or participating in Township of Huron-Kinloss programs. *Please Initial:* \_\_\_\_\_

**ASSUMPTION OF RISK AND INDEMNIFYING RELEASE**

While Township of Huron-Kinloss staff and volunteers will make every reasonable effort to minimize exposure to known risks associated with each Registrant’s participation in a Township of Huron-Kinloss program (“Program”), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the “Registrant”) may be required, depending on the nature of the program, to participate in various physical activities that may involve a risk of injury. In this regard, I hereby permit the Registrant to participate in the full range of Program activities. In consideration of the Registrants opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and hold harmless the Township of Huron-Kinloss, its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns from any and all liability for damages sustained in consequences of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program. *Please Initial:* \_\_\_\_\_

**DISCLAIMER**

All programs are subject to change or cancellation due to low enrolment numbers, lack of volunteers or other unforeseen circumstances that are prohibitive to the operations of the program. *Please Initial:* \_\_\_\_\_

**MUNICIPAL FREEDOM OF INFORMATION AND PRIVACY ACT**

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the Authority of the Municipal Act, R.S.O. 1990, c.M45, as amended, and will only be used for the purpose of maintaining adequate records of participation and enrollment in recreation programs and for medical information when required in emergency situations. *Please Initial:* \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_