



Township of Huron-Kinloss

2017 Summer Sports Registration Form

FAMILY INFORMATION

Parent Name: _____
 Address: _____
 Phone Number: _____
 Cell Phone Number: _____
 Email Address: _____
 Are you willing to Coach?: Yes No

**Registration Drop Off in the lobby of the
Ripley Huron Community Centre:**

February 6th 4:30PM-7PM
 February 8th 4:30PM-7PM

Winter Carnival
 February 18th 9AM-12PM

Don't Forget a UNIFORM DEPOSIT cheque!

REGISTRATION INFORMATION:

BASEBALL

Year of Birth	Division	Fee	Late Fee
2013-2014	Blastball (8weeks)	\$40	N/A
2011-2013	T-Ball (8weeks)	\$40	N/A
2008-2010	Rookie Ball (May-Aug)	\$80	\$50
2008-2009	WOBA Rookie Ball	\$130	\$50
2006-2007	Mosquito (May-Aug)	\$130	\$50
2004-2005	Peewee (May-Aug)	\$130	\$50

SOCCER

Year of Birth	Division	Fee	Late Fee
2013	Under 4 (May-July)	\$60	\$50
2012	Under 5 (May-July)	\$60	\$50
2011	Under 6 (May-July)	\$60	\$50
2009-2010	Under 8 (May-Aug)	\$75	\$50
2007-2008	Under 10 (May-Aug)	\$75	\$50
2005-2006	Under 12 (May-Aug)	\$90	\$50
2003-2004	Under 15 (May-Aug)	\$90	\$50

Ball Hockey

Year of Birth	Fee	Dates	Time
2010-2011-2012	\$30	April 4 th -25 th	6PM-6:30PM
2008-2009	\$30	April 4 th – 25 th	6:35PM-7:05PM
2006-2007	\$30	April 4 th – 25 th	7:10PM – 7:55PM
2002-2005	\$30	April 4 th – 25 th	8PM-8:45PM

PARTICIPANT INFORMATION:

Participant Name	Participant Birthdate	Soccer Division	Baseball Division	Ball Hockey (yes/no)

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: _____