



2018-2019 REGISTRATION

Player's Name: _____ Birth Date: _____
MM/DD/YYYY

Parent / Guardian Name(s): _____

I, the undersigned give permission for _____ to play hockey for the Almaguin Girls Hockey Association the ("Association") and do hereby absolve the Association from all or any liability that may incur to the above player in excess of the amount of insurance carried by the Association.

ALL PLAYERS MUST WEAR A CSA APPROVED HELMET, FACE MASK, MOUTHGUARD, AND NECK GUARD.

REGISTRATION FEES

Payment can be in the form of cash, a post dated cheque dated for no later than September 1st or e-transfer.
Please make all cheques payable to "ALMAGUIN GIRLS HOCKEY ASSOCIATION" or "A.G.H.A." All NSF cheques will be subject to a \$25.00 fee.

NOVICE-MIDGET	\$375
GOALIE RATE (Player must complete the season as goalie for rate to apply)	\$190
SPECIAL RATE FOR PLAYERS <u>NEW</u> TO HOCKEY!	\$50
SPECIAL RATE FOR PLAYERS <u>NEW</u> TO GAZELLE HOCKEY!	\$175
FAWN (Beginner Program for girls born in 2011 or later)	\$150

Additional charges will be \$75 per tournament to a max of 3 tournaments. These fees will be due 1 month before the tournament.

THERE WILL BE A \$75 PENALTY FOR ANY PLAYER PULLING THEIR REGISTRATION AFTER MAY 31ST.
AN EXCEPTION WILL BE MADE IF WE ARE NOT OFFERING A TEAM AT YOUR DAUGHTER'S AGE LEVEL.

Movement within divisions will be looked at and will take place no later than December 31, 2017 at the associations discretion.

*******REGISTRATION FEES MUST BE PAID IN FULL PRIOR TO PLAYER GOING ON THE ICE*******

There will also be various fundraising expectations throughout the year, Players choosing not to fundraise will have to pay a fundraising fee.

Date: _____ Parent/Guardian Signature: _____

PLEASE HAVE REGISTRATIONS IN BY MAY 31, 2018 SO WE CAN BEGIN PLANNING FOR THE NEXT SEASON

FOR OFFICE USE:

Registration Paid: \$ _____ Cash / Cheque(s) _____
MM/DD/YY

Comments: _____

Date: _____ Authorized Signature: _____

Player's Name: _____ Birth Date: _____

MM/DD/YY

Player's Address: _____

Postal Code: _____ Home _____

Mother's Name: _____ email _____

Home _____ Work _____ Cell _____

Father's Name: _____ email _____

Home _____ Work _____ Cell _____

PERSON TO CONTACT IN CASE OF EMERGENCY, IF PARENTS ARE NOT AVAILABLE:

Name: _____ Relationship to Player: _____

Home _____ Address: _____

Doctor's Name: _____

Dentist's Name: _____

PLEASE CIRCLE THE APPROPRIATE RESPONSE BELOW PERTAINING TO THE PLAYER:

YES NO	Does your child have any health problems that would interfere with her participation in a full hockey program		
YES NO	Allergies	YES NO	Asthma
YES NO	Diabetic	YES NO	Heart condition
YES NO	Hearing difficulties	YES NO	Epileptic
YES NO	Wears glasses	YES NO	Are lenses shatter proof
YES NO	Wears contacts	YES NO	Wears a media alert bracelet or necklace
YES NO	Has had surgical operation in the past year	YES NO	Has been in hospital in the past year
YES NO	Has had injuries requiring medical attention in the past year	YES NO	Has had an illness lasting more than a week in the past year
YES NO	Receives counselling from an outside source	YES NO	Medication being taken regularly at home

PLEASE PROVIDE DETAILS ON A SEPARATE SHEET IF YOU ANSWERED "YES" TO ANY OF THE ABOVE.

PLEASE ALSO PROVIDE ANY INFORMATION NOT COVERED ABOVE.

Date of your child's last medical examination: _____

MM/DD/YY

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible, and that in the event no one can be contacted, team management will admit my child to the hospital if necessary. I hereby authorize the physician and nursing staff of any Emergency unit to undertake examination, investigation and necessary treatment of my child.

Date: _____ Signature: _____



**CONSENT FOR
ALMAGUIN GIRLS HOCKEY ASSOCIATION
TO USE PLAYER PICTURES and/or
PERSONAL INFORMATION FOR THE
2018/2019 HOCKEY SEASON**

Re: Player's Name: _____

We strongly believe in the need to protect our players and recognize the issues that may arise from the publishing of personal information and pictures on our website, Facebook page, and in local newspapers.

We do however feel it can be an important and positive experience for players. Therefore we are requesting parent/guardian consent before we publish any photos or information, which may identify our players.

I _____ give consent to publish my child's picture and personal information with regards to hockey. I am aware that by giving this consent, I am permitting personal information about _____ to be published and viewed by anyone who accesses the AGHA website, Facebook page, or local publications, and that if consent were withheld, this posting and publication would not occur.

I further understand that this consent may be withdrawn by me at any time, upon written notice.

Date: _____ Signature: _____