



Woolwich Minor Hockey

SUN RAYS

2017-18 Registration Form



Player Name _____

Date of Birth _____

Parent/Guardian Name(s) _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

School _____ Grade _____

Have you had any affiliation with another Special Hockey Group and if so, who?

Have you participated in any other organized hockey or learn to skate programs? Yes / No

Registration Cost: \$250

Cheque Number: _____

Please send the completed registration form and payment to (payable to 'Woolwich Sun Rays' and post-dated to September 1st, 2017): WMHA PO Box 204, Elmira ON N3B 2Z6 or drop off at the WMHA office.

Woolwich Minor Hockey Association Inc. (WMHA) is an Ontario not-for-profit corporation.

1. WMHA expects all children to enter fully into the hockey team's activities and cooperate with coaching staff. For the general welfare of all players, WMHA reserves the right to dismiss any player whose conduct or influence in the opinion of WMHA, in their absolute discretion, is harmful to others or detrimental to the best interests of the team. Should this be the case, I understand that a refund will not be given.
2. As a parent and/or legal guardian, I do herewith authorize the treatment, by a qualified trainer, of any child named above in the event of a medical emergency which, in the opinion of the attending trainer, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after a reasonable effort has been made to reach a parent and/or legal guardian. My signature also indicates my willingness to take full responsibilities for the child and release WMHA from any liability due to injury sustained while involved in hockey activities.
3. The parent and/or legal guardian agrees to ensure that the player is properly equipped, including CSA approved helmet and facemask, neck guard and mouth guard, at all times while on the ice. I clearly understand that the player will not be permitted to go on the ice unless the player is properly equipped.
4. I give permission for photos or videos of my child to be taken which may be used in WMHA information and website promotion. No names will be used.
5. Personal information provided will remain confidential and only be used for WMHA related communication and medical emergencies.
6. I hereby certify that I have read and accept all of the above conditions.

Signature of Parent/Guardian: _____ Date: _____

If you have any questions please contact:

WMHA Office Administrator/Registrar

Phone: 519-669-2789 or Email: hockeyoffice@woolwichminorhockey.ca