

LUCKNOW & DISTRICT MINOR HOCKEY 2016-2017 REGISTRATION FORM



FEES

FIRST YEAR INITIATION/TYKE	___	FREE (Please Provide a Copy of Child's Birth Certificate)	
INITIATION & TYKE	___	\$315.00	
1 PLAYER	___	\$450.00	3 PLAYERS ___ \$1115.00
2 PLAYERS	___	\$790.00	4 PLAYERS ___ \$1425.00

Please post-date registration cheque to September 1st 2016. Make cheque payable to Lucknow Recreation.

Will Player be trying out for the Rep team? ___ Yes ___ No

LEVEL

INITIATION	Born in 2010/2011/2012	___			
TYKE	Born in 2009	___			
NOVICE	Born in 2008	___			
ATOM	Born in 2006/2007	___	BOYS ___	GIRLS ___	
PEEWEE	Born in 2004/2005	___	BOYS ___	GIRLS ___	
BANTAM	Born in 2002/2003	___	BOYS ___	GIRLS ___	
MIDGET	Born in 1999/2000/2001	___	BOYS ___	GIRLS ___	
JUVENILE	Born in 1996/1997/1998	___	BOYS ___	INT. GIRLS	Born in 1995/1996/1997/1998 ___

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

PLAYER CONTACT INFORMATION

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH (dd/mm/yy) _____

MAILING ADDRESS: _____

TELEPHONE NUMBER:(_____) _____ E-MAIL: _____

PARENTS NAMES: _____ CELL NUMBER: _____

EMERGENCY CONTACT & PHONE NUMBER: _____

NOTE: Any player who has not submitted a registration form or paid the registration fee will **not** be permitted on the ice.

AGREEMENT: In consideration of the agreement by The Lucknow & District Joint Rec. Board By-Laws to supply coaching and ice facilities for practice and games, the undersigned parent/ guardian agrees to abide by the terms set forth in the L&DJRB By-Laws governing the conditions under which applicants shall participate in Lucknow Minor Sports.

It is advisable that every player be covered under the Ontario Hospital Insurance Plan. In case of injury, the player and parent herewith waives all claims of any kind against L&DJRB and Lucknow Minor Sports in regards to injuries incurred by said player while playing, practicing, or travelling to and from out-of-town games. This consent recognizes that all reasonable precautions will be taken to prevent accidents or injuries. Permission is given to allow supervisors to seek emergency medical treatment.

PHOTO RELEASE: I authorize the use of any photo taken while participating in the above program.

APPROVALS

SIGNATURE OF PARENT/GUARDIAN

DATE