

LUCKNOW & DISTRICT MINOR HOCKEY 2017-2018 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 2017. Make cheque payable to Lucknow Recreation.

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

LEVEL

INITIATION	Born in 2012/2013	___			
TYKE	Born in 2011	___			
NOVICE	Born in 2009/2010	___			
ATOM	Born in 2007/2008	___	BOYS	___	GIRLS
PEEWEE	Born in 2005/2006	___	BOYS	___	GIRLS
BANTAM	Born in 2003/2004	___	BOYS	___	GIRLS
MIDGET	Born in 2000/2001/2002	___	BOYS	___	GIRLS
JUVENILE	Born in 1997/1998/1999	___	BOYS	___	INT. GIRLS Born in 1996/1997/1998/1999

*** 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