

Strasbourg & District Minor Hockey Association

Website: www.strasbourghockey.com

FOR office USE ONLY	
CHQ _____	CASH _____

2017/18 PLAYER REGISTRATION FORM

	SMHA Fees (check one)	Skating Fees (check one)	50/50 book/per family \$ _____ 100.00____
Initiation	born 2011-12 <input type="checkbox"/> \$240	<input type="checkbox"/> Family (\$375)	Season Gate Pass \$ _____
Novice	born 2009-10 <input type="checkbox"/> \$255	<input type="checkbox"/> School (\$250)	SMHA Fees \$ _____
Atom	born 2007-08 <input type="checkbox"/> \$260	<input type="checkbox"/> Preschool (\$150)	Skating Fees \$ _____
Pee Wee	born 2005-06 <input type="checkbox"/> \$265		Total Fees \$ _____
Bantam	born 2003-04 <input type="checkbox"/> \$270	<input type="checkbox"/> Family Gate Pass \$60	Fees Submitted \$ _____
Midget	born 2002-00 <input type="checkbox"/> \$275		Payment Method _____
			Payable to SMHA _____
			Option #1 – in Full _____
			Option #2 – ½ at registration and ½ on December 1 paid with a postdated cheque

The SMHA fees are set prior to the season and this fee offsets expenses such as hockey school, weekly power skating, referee fees, equipment expenses, and individual pictures. SMHA other income is derived from 50/50, raffles, sponsorships and advertising. If fees are not paid by December 1st, 2017 that player will no longer be able to participate in any practices or games until fees are paid as set by the SMHA. Rec Centre skating fees are separate from SMHA fees. These fees are for ice time rental, caretaker wages, facility repairs, utilities etc. This fee allows the skater access to all practices, games and public usage without further costs. All fees will be collected by SMHA and cheques made payable to SMHA.

Player Information: Please Print

Last Name: _____ First Name: _____

Birthdate: DD / MM / YYYY _____ Sex: _____ Hospitalization: _____

Address: _____

City: _____ Postal Code: _____ Phone #: _____

School: _____ Position Normally Played: Goal Forward Defence

Last Team played for: _____

Note: If addresses for parents are different, the player's address is where the player habitually resides. In cases where the player does not habitually reside with either parent, the player address is deemed to be the **Mother's** address. This is a **Saskatchewan Hockey Association** regulation.

<p>Mother's Information: (Please complete all applicable fields)</p> <p>Name _____</p> <p>Address: Same as player <input type="checkbox"/></p> <p>or _____</p> <p>Postal Code: _____ Home Ph: _____</p> <p>Work Ph: _____ Cell Ph: _____</p> <p>Email Address: _____</p>	<p>Father's Information: (Please complete all applicable fields)</p> <p>Name _____</p> <p>Address: Same as player <input type="checkbox"/></p> <p>or _____</p> <p>Postal Code: _____ Home Ph: _____</p> <p>Work Ph: _____ Cell Ph: _____</p> <p>Email Address: _____</p>
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Do you want to volunteer as:

COACH Yes MANAGER Yes Committee Member Yes Other Yes

Parental/Guardian Conduct Agreement – Both must sign this form (Players 18 years & older sign on their own behalf)

The parents/guardians of the above-mentioned player hereby consent to his/her participation in the Strasbourg minor hockey Association (SMHA) system. I/we do hereby release SMHA and its officers from all liability in respect to any injury sustained by my son/daughter while playing hockey on any sheet of ice under the jurisdiction of SMHA. I/we further agree to accept financial responsibility for any equipment supplied to my son/daughter by SMHA that is lost or damaged while in his/her custody and to return such equipment clean and in good repair to SMH. The parents/guardians and players further agree to be bound by the terms and conditions of SMHA Bylaws, Rules, Regulations, and Parental Conduct Agreement (as shown on reverse) and to adhere thereto. Registering the above mentioned player provides SMHA the ability to share name, birth date, address, postal code, phone number and hockey associated information with other hockey and sports organizations at the discretion of SMHA.

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

