



# Wabamun Minor Hockey Association

BOX 266, WABAMUN, ALBERTA T0E2K0

## 2016/17 REGISTRATION FORM

### **Player Information: (Please Print)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal Land (Rural Address): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Please circle: Male/ Female

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Hockey Level: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Alberta Health Care/ Birth Certificate No: \_\_\_\_\_

Parent Respect in Sport Certificate # : \_\_\_\_\_

Applicant, Parents and/or Guardian agree to the following:

Any Wabamun Minor Hockey player who has not completed all financial obligations for the previous season will not be allowed to register until such debts are paid in full. Anyone who is delinquent in any way to Wabamun Minor Hockey will not be issued a release or permission to try out until all debts are paid in full. **All hockey fees MUST be paid in full by September 15, 2016 or the player will not be allowed on ice.**

Wabamun Minor Hockey Association, its Executive, Coaches, Managers, Referees and any other volunteer will not be held responsible for any accidents or loss, however caused, and agrees to release the aforementioned of any and all claims for loss or damage which may be incurred throughout the 2016/2017 season.

I, \_\_\_\_\_, understand the above and agree to fulfill my obligations as stated herein.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**I hereby give Wabamun Minor Hockey Association permission to publish my child's name or picture for the purpose of hockey statistics in the 2016/2017 hockey season.**

**(Circle one) YES**

