SUNDRE MINOR HOCKEY REGISTRATION FORM
Dynamites (5 & 6 yr olds)

❑ Check here if registering for the first time with Sundre Minor Hockey.
A photocopy of player's birth certificate is required.

Please Print:
Players Name: _____ Phone No: _____
Last Name First Name

Address:_____ Postal Code:_____

Rural Land Description: LSD_____ Section_____ Township _____ Range _____ W5M.
Please Note: All Rural residents MUST include this land description.

Birthday: _____/_____/_____ Age:_____ ____ Male ____ Female
Day Month Year Dec 31st

Dynamites – 5 & 6 year olds

Preferred Position: (Please circle one)

On or Before June 1st	Due Upon Registration	$100.00	Forward
	Post Dated Oct 30th	$37.50	
	Post Dated Nov 30th	$37.50	Defense
	Total Fee	$175.00	
			Goalie
After June 1st	Due Upon Registration	$100.00	
	Post Dated Oct 30th	$62.50	
	Post Dated Nov 30th	$62.50	
	Total Fee	$225.00	

Are you interested in Coaching? Yes _____ No_____

Are you interested in Managing? Yes_____ No_____

CONCESSION FEE:
A refundable concession fee of $200.00 per family is due and payable upon registration. Each family is required to complete 20 hours of concession work. If this requirement is met, concession fees will be refunded by the end of each season.

FUNDRAISING DEPOSIT:
a $75.00 bond cheque for fundraising is due and payable upon registration. Once fundraising requirements are met, the bond cheques will be destroyed.

Last Association Played for (Must be filled in if other than Sundre Minor Hockey):

_____ _____ _____
Name of Association Division & Category (eg Atom Tier 2) Position Played

Alberta Health Care # _____ Other Coverage _____

Allergies: _____ Glasses or Contacts (please circle)

Medical Problems or Concerns:_____ Name of regular medication(s):_____

Family Doctor: _____ Phone Number:_____

Father's Name: _____ Phone: _____ Work: _____ Cell: _____

Mother's Name: _____ Phone: _____ Work: _____ Cell: _____

Email Address (please print VERY clearly): _____
____ Use email as my primary source of contact

I hereby agree that the Sundre Minor Hockey Association (SMHA), its Executive, Coaches, Assistants and Managers are not responsible for accidents or injuries resulting from participating in any of the Associations activities and if my child requires medical treatment during the Regular Hockey Season, Provincials, Playoff, League, Exhibition, or Tournament Games or Practices, and I am not present, I give my permission for the coaching management staff to arrange for medical help.

I understand that the information above is requires by Sundre Minor Hockey Association (SMHA) to facilitate hockey programs on behalf of the registrant and the SMHA. SMHA will treat this personal information with the utmost respect and in accordance with the Hockey Alberta Privacy Policy at all times. SMHA does not sell, trade, or otherwise share the information we collect outside our Minor Hockey Association, Leagues, or Teams, however, we may from time to time use this information for the purposes of offering additional services and / or hockey specific research. This type of usage of your personal information by the SMHA is entirely at your discretion, should you choose to allow this type of usage please sign below.

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

	Amount	Date	
Initial Payment	_____		
1st post dated cheque	_____	October 30th	
2nd post dated cheque	_____	November 30th	
Concession cheque	$200.00	October 15th	(payment will be refunded if above conditions are met)
Fundraiser cheque	$75.00	March 1st	(bond cheque will be held & destroyed if conditions met)