

M.D. #17 Wabasca Pond Hockey Registration 2011

Players Full Name: _____

Gender (M or F) please circle one.

AHC#/Treaty # (Need to have Alberta Health Care #): _____

Parents Address(s): _____

Postal Code: _____

DOB (mm / d d / y y) and Age: _____

Allergies Medical Info:

Parent/Guardian 1: _____ . PH: _____

Parent/Guardian 2: _____ . PH: _____

Please provide any extra contact information in the space provided bellow eg; email addresses, extra phone numbers :

There is no age category for Pond Hockey it is a mixed age, no contact Sport.

Equipment will be provided at no cost and is to stay at the arena in the reserved Pond Hockey dressing room. The equipment will be washed on a regular basis by the recreation staff.

Parent/Guardian (Print & Sign): _____

DATE: _____

Registrations received will be accepted according to roster availability, if accepted at all.

Forms must be dropped off with Eli Cardinal at the Wabasca M.D. office before Participants attend any practices.

I do hereby permit my child to participate in the M.D. #17 Wabasca Pond Hockey program. I understand that the M.D. #17 Wabasca Pond Hockey will not be held responsible for any accident or injury sustained by my child during this program. By signing this form, I agree to adhere and consent to the freedom of information and protection of privacy notice, rules, bylaws, and code of conduct of the M.D. #17 Wabasca Pond Hockey. I agree not to post any pictures of teammates on any avenue of the Internet (eg. facebook) without permission.

I/We hereby give consent for my child's and/or my photograph (individual and/or group photographs) to be taken during M.D. # 17 Wabasca Pond Hockey activities.

I/We also give consent for the M.D. #17 Wabasca Pond Hockey to disclose my child's name, birth date, address, phone number, treaty # (If applicable), and health care number OR my name, address, phone number, and e-mail address to: Health authorities should the need arise, Hockey Alberta and/or for registration with Alberta Government agencies for grant/casino applications, and M.D. #17 Wabasca Pond Hockey.

Signature

Date

Throughout the Pond Hockey season volunteers are needed. Our organization depends on your support. Please complete the attached application form to volunteer in some capacity. A volunteer can be but is not excluded to; Aunts uncles Grandparents, Siblings, parents, friends, etc

Volunteers

Name: _____

Address: _____

Phone #: _____

Alternate # /Email: _____

Postal Code _____

If you are working directly with the children please provide a clean criminal record check with both sides of the check completed which can be done at the Wabasca, Desmarais Detachment on Tuesdays only. This only takes 15 minutes, so please take the time to get it done. This is for the safety of the children. Thank you.

Volunteers Needed Please circle one if interested;

- Coaches
- Assistant coach
- First aider
- Water boy/girl
- Score keeper
- Jersey washer
- Referee
- Other(as required)