



Registration Form

2011/2012 Sledge Hockey Registration

SLEDGE HOCKEY OF EASTERN ONTARIO

2011-2012 Registration Rules and Procedures

The Sledge Hockey of Eastern Ontario Association welcomes all new and returning players, to our next season! Before proceeding with registrations, please take a moment to review the following Registration Procedures and Rules carefully.

1. The Registration form – with full payment – must be completed, signed and given to SHEO team managers (Laura, Gordon, Angelo or Mark), prior to players being permitted to enter the ice the first time.
2. Mandatory protective equipment must be worn on the ice at all times, see list at <http://www.sheo.ca>
3. Persons who just want to try sledge will be permitted on the ice one time, after they have completed and signed a registration form and paid for insurance coverage (\$30.00).
4. Receipts will be provided upon request. Note that fees paid could be eligible for income tax purposes under the Children's fitness amount (Line 365 in 2009) if your child meets the age criteria: under the age of 16 at the beginning of the year and for children with disabilities under the age of 18.
5. An NSF fee of \$25 will be charged on all returned cheques in addition to any bank fees charged to SHEO
6. No partial refunds will be issued after December 31, 2011.
7. Registered and active coaching staff are automatically insured by ODHA at no charge. Further, if someone is already registered in a Hockey Canada activity (regular adult league, Team Canada, etc), they do not need to be insured to play sledge hockey or to go on ice - but we need to know which activity people are already insured for to provide to ODHA.
8. Please make cheque payable to SHEO (Sledge Hockey of Eastern Ontario).

2011-2012 Registration Fees: Junior, Intermediate and House League

By Division**	1st SHEO Member	Subsequent Family Member	Sledge Rental*	Insurance
Junior (Due Date: 2 Oct 2011)	\$ 300	\$ 250	\$ 50	\$ 30
Intermediates (Due Date: 2 Oct 2011)	\$ 325	\$ 275	\$ 100	\$ 30
Intermediates-B Only	\$ 150	\$ 150	N/A	\$ 30
House League (Due Date: 30 Sep 2011)	\$ 350	\$ 300	\$ 100	\$ 30
House League & Intermediate-B Only	\$ 500	\$ 450	\$ 100	\$ 30
House League & Intermediates	\$ 550	\$ 500	\$ 100	\$ 30

* Sledge rentals subject to conditions and availability of equipment, Junior/Novice players have priority.

** See page 2 for Senior League Fees.

Examples:

Total Cost Examples, including Insurance:	With No sledge rental			With sledge rental		
	1st Player	2nd Player	Family of 2	1st Player	2nd Player	Family of 2
Junior	\$ 330	\$ 280	\$ 610	\$ 380	\$ 330	\$ 710
Intermediates	\$ 355	\$ 305	\$ 660	\$ 455	\$ 355	\$ 810
Intermediates-B Only*	\$ 180	\$ 180	\$ 360	\$ 280	\$ 180	\$ 460
House League	\$ 380	\$ 330	\$ 710	\$ 480	\$ 380	\$ 860
House League & OSHA B Only	\$ 530	\$ 480	\$ 1,010	\$ 630	\$ 530	\$ 1,160
House League & Intermediates	\$ 580	\$ 555	\$ 1,135	\$ 680	\$ 580	\$ 1,260

*Intermediate B only includes participation in one of two competitive B teams that should play 6 games against nearby teams (Laval, Kingston), including 4 home games and 2 away.



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2011-2012 Registration Fees: Senior League

Senior League Timelines	Fees Due-date (Post-dated Cheque)	All Players	Insurance
Participate in Try-outs	14-Sep-11	\$ 25	\$ 30
First Team Practice for selected players	28-Sep-11	\$ 625	\$ -
Before Cruiser Cup	28-Oct-11	\$ 400	\$ -
Before Amherstburg Games	02-Dec-11	\$ 400	\$ -
Total (to be confirmed)		\$ 1,450	\$ 30

Note: Senior League fees include OSHA/NSHL League fees, travel expenses, etc. Adjustments could be done over time as costs/expenses are firmed up or down.

SHEO's REGISTRATION CONTACTS:

Seniors / Sledgehammers:	Mark Gallant	snoop@rogers.com
House League:	Angelo Gavillucci	angelog@sheo.ca
Junior & Novice Program:	Laura Domenicucci	laura@paralympic.ca
Intermediate Program:	Gord Powell	gordp@sheo.ca
Finance & Registration Coordination:	Janice Burke	tojaniceburke@live.com
General Enquiries:	Serge Lavoie	serge.lavoie@rogers.com

SHEO's Divisions and Teams:

Senior League



Intermediates



House League



Juniors / Novice





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All items **MUST** be completed. Please type or print **clearly**

# 1.	Last Name:		First Name:	
	Telephone:		Cellular:	
Provincial Health #:			Date of Birth:	
Home Address:				
City, Province:			Postal Code:	
Email address:				
Alternate Email address:				
Sledge Rental: Yes / No (Please circle one)			Jersey No:	
# 2.	Last Name:		First Name:	
	Telephone:		Cellular:	
Provincial Health #:			Date of Birth:	
Home Address:				
City, Province:			Postal Code:	
Email address:				
Alternate Email address:				
Sledge Rental: Yes / No (Please circle one)			Jersey No:	
# 3.	Last Name:		First Name:	
	Telephone:		Cellular:	
Provincial Health #:			Date of Birth:	
Home Address:				
City, Province:			Postal Code:	
Email address:				
Alternate Email address:				
Sledge Rental: Yes / No (Please circle one)			Jersey No:	

Totals	Player	Division (Please circle all that apply, and apply to calculation)							Insurance	Sledge Rental	Total
		Junior	Intermediate	House League	HL & Int. B* Only	HL & Full Intermediate	Intermediate B Only	Seniors (Sep 14-28)			
Player #1:		\$300	\$325	\$350	\$500	\$550	\$150	\$650			
Player #2:		\$250	\$275	\$300	\$450	\$500	\$150	\$650			
Player #3:		\$250	\$275	\$300	\$450	\$500	\$150	\$650			
Pusher / Helper:	Insurance Fees:										
* To play Intermediate B games only. ** If or as applicable for insurance coverage and sledge rental.									TOTAL (add all rows):		\$ _____



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PLAYER MEDICAL INFORMATION SHEET:			
Players:	Player # 1	Player # 2	Player #3
Medications:			
Allergies:			
Medical Conditions:			
Recent Injuries:			
Last Tetanus Shot:			
Date of last complete physical exam:			
Other:			

<p>Please provide any other important medical details: (e.g., history of concussions, fainting episodes, epileptic, hearing problem, asthma, diabetic, medication, injuries, illness required that medical attention in the past year, surgery, etc.)</p>
Player # 1:
Player # 2:
Player # 3:

Person to contact in case of accident or emergency, if parents/guardian are not available:			
Name:		Phone:	
Address:		Cell Phone:	
Doctor's Name:		Phone:	
Dentist's Name:		Phone:	

Medical Information Update and Authorization

Any medical condition or injury problem should be checked by your physician before participating in a hockey program. I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted, team management will take my child / me to hospital/M.D. if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child / myself. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date:	Signature of Player, Parent(s) or Guardian(s):

Disclaimer: Personal information used, disclosed, secured or retained by OCSHIP will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as Hockey Canada's own Privacy Policy.



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Bench Staff / Volunteer Registration

Use for two persons if persons are direct family relatives only (e.g., brother, sister, parents).

Otherwise, please complete a form for each individual.

Parents / Guardian / Bench Staff Information (Fees only for Pusher/Helper on the ice, and Medical Information is required for all persons on ice)			
# 1.	Last Name:		First Name:
	Telephone:		Cellular:
Home Address:			
City, Province:		Postal Code:	
Email address:			
Alternate Email address:			
Bench Staff:		Yes / No (Please circle one) ▶	▶ Certificate Type:
Pusher / Helper		Yes / No (Please circle one) ▼	▶ Certificate Numbers:
▶ ▼ Provincial Health #:			▶ ▼ Date of Birth:
# 2.	Last Name:		First Name:
	Telephone:		Cellular:
Home Address:			
City, Province:		Postal Code:	
Email address:			
Alternate Email address:			
Bench Staff:		Yes / No (Please circle one) ▶	▶ Certificate Type:
Pusher / Helper		Yes / No (Please circle one) ▼	▶ Certificate Numbers:
▶ ▼ Provincial Health #:			▶ ▼ Date of Birth:

<i>Person to contact in case of accident or emergency, if parents/guardian are not available:</i>			
# 1.	Name:		Phone:
	Address:		Cell Phone:
Doctor's Name:			Phone:
Dentist's Name:			Phone:
# 2.	Name:		Phone:
	Address:		Cell Phone:
Doctor's Name:			Phone:
Dentist's Name:			Phone:

DIVISIONS – Check ✓

By Division	Coach	Asst. Coach	Trainer*	Pusher/Helper	Other
Junior *					
Intermediates					
House League					
Senior League					

* Persons involved with the Junior Program for the first time, require a [Vulnerable Sector Screening Check VdP \(Français\)](#). This may not apply for parents who are helping their own children. Any questions: see Junior Team Manager or President.

Photograph Release

In order to further promote our organization photographs and/or interviews may take place with various parties. At times we may want to publish photos that have been taken during games or events, some of which may contain personal information. This form provides us with your permission to use the information you've provided us.

I, _____, (please print full name)

parent of _____ (please print child's full name, if applicable)

give Sledge Hockey of Eastern Ontario (SHEO) permission to use my child's and/or my name, photo and/or likeness for publicity purposes. This includes the use of my child's and/or my name and/or photo in print promotions and the use of my child's and/or my name and/or photo on the SHEO website

I acknowledge that by signing this consent form that I release the SHEO from any liability that may result from the use and appearance of my name, photo and/or likeness in any SHEO promotions.

Signature (1) _____
Date _____ / _____
Player#1 / Parent (Please check)

Signature (2) _____
Date _____ / _____
Player#2 / Parent (Please check)

Signature (3) _____
Date _____ / _____
Player#3 / Parent (Please check)

REMINDER: Please return this signed copy with the registration form.