



Registration Form

2009/2010 Sledge Hockey Registration

SLEDGE HOCKEY OF EASTERN ONTARIO

2009/2010 REGISTRATION FEES

<u>Divisions</u>	<u>Sledge Rental</u>	<u>Insurance (per person)</u>	<u>1st SHEO Member</u>	<u>2nd & Subsequent Family Member</u>
Novice/Junior Level	\$50.00	\$30.00	\$300.00	\$250.00
Intermediate Level	\$50.00	\$30.00	\$300.00	\$250.00
House League	N/A	\$30.00	\$400.00	\$350.00
House League & Intermediate Level	N/A	\$30.00	\$650.00	\$550.00
Parents / Pushers going on ice	N/A	\$30.00	N/A	N/A

Examples:

- A player wishing to play at the **Junior/Novice level**, who requires the use of a SHEO sledge, would pay a total of **\$380.00** (\$300 + \$30 + \$50), and a second family member wishing to play at the junior level with a SHEO sledge would pay **\$330.00** (\$250 + \$30 + \$50) – amounting to a family total cost of **\$710.00, plus \$30 insurance** for a Parent/ Pushers going on ice, if applicable.
- A player wishing to play at the **Intermediate level**, who does not require the use of a SHEO sledge, would pay a total of **\$330.00** (\$300 + \$30), and a second family member wishing to play at the Junior level would pay **\$280.00** (\$250 + \$30) – amounting to a family total cost of **\$610.00, plus \$30 insurance** for a Parent/ Pushers going on ice, if applicable.
- A player wishing to play **Intermediate and House League** would pay **\$680.00** (\$650 + \$30), and a second family member wishing to play intermediate and house league would pay a total of **\$580.00** (\$30 + \$550) – amounting to a family total cost of **\$1,260.00**.

2009-2010 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 or Angelo), 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 2008) 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.
- 6) No partial refunds will be issued after December 31, 2009.
- 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).

All items **MUST** be completed

# 1.	Last Name:		Jersey No:		
	First Name:		Division: (Check)	<input type="checkbox"/>	Junior/Novice: \$300
Date of Birth:		<input type="checkbox"/>		Intermediate: \$300	
Sledge Rented:	Yes / No (Please circle one)	<input type="checkbox"/>		House League: \$400	
Provincial Health #:		<input type="checkbox"/>		Int. & House Leag: \$650	
Telephone:		Insurance: (Please circle one)	\$30.00 / N/A		
Cellular:		Sledge Rental: (Please circle one)	\$50.00 / N/A		
Email address:		Total Fees:	\$ _____.		
Home Address:					
City, Province:		Postal Code:			
# 2.	Last Name:		Jersey No:		
	First Name:		Division: (Check)	<input type="checkbox"/>	Junior/Novice: \$250
Date of Birth:		<input type="checkbox"/>		Intermediate: \$250	
Sledge Rented:	Yes / No (Please circle one)	<input type="checkbox"/>		House League: \$350	
Provincial Health #:		<input type="checkbox"/>		Int. & House Leag: \$550	
Telephone:		Insurance: (Please circle one)	\$30.00 / N/A		
Cellular:		Sledge Rental: (Please circle one)	\$50.00 / N/A		
Email address:		Total Fees:	\$ _____.		
Home Address:					
City, Province:		Postal Code:			
# 3.	Last Name:		Jersey No:		
	First Name:		Division: (Check)	<input type="checkbox"/>	Junior/Novice: \$250
Date of Birth:		<input type="checkbox"/>		Intermediate: \$250	
Sledge Rented:	Yes / No (Please circle one)	<input type="checkbox"/>		House League: \$350	
Provincial Health #:		<input type="checkbox"/>		Int. & House Leag: \$550	
Telephone:		Insurance: (Please circle one)	\$30.00 / N/A		
Cellular:		Sledge Rental: (Please circle one)	\$50.00 / N/A		
Email address:		Total Fees:	\$ _____.		
Home Address:					
City, Province:		Postal Code:			

Totals	Player	Division (Please circle one)				Insurance	Sledge Rental	Total
		Junior	Intermediate	House league	Int. & HL			
	Player #1:	\$300	\$300	\$400	\$650			
	Player #2:	\$250	\$250	\$350	\$550			
	Player #3:	\$250	\$250	\$350	\$550			
	Pusher / Helper:	Insurance Fees:						
* If or as applicable for insurance coverage and sledge rental.						TOTAL (add all rows):	\$ _____.	

Parents / Guardian Information			
Guardian/Mother's Name:		Home Phone:	
Requires Insurance (Y/N):		Cell Phone:	
Helper Insurance Fee:	\$30.00 / N/A (Please circle one)	Work Phone:	
Email Address(es):			
Guardian/Father's Name:		Home Phone:	
Requires Insurance (Y/N):		Cell Phone:	
Helper Insurance Fee:	\$30.00 / N/A (Please circle one)	Work Phone:	
Email Address(es):			
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:	

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:			

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.)
Player # 1:
Player # 2:
Player # 3:

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.

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

Date

Team manager's signature

Date

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