



**LUCKNOW & DISTRICT MINOR HOCKEY
2010 – 2011
1ST YEAR TYKE REGISTRATION - FREE**

PLAYER CONTACT INFORMATION

LAST NAME: _____ FIRST NAME(S): _____

FULL ADDRESS: _____

TELEPHONE NUMBER: () _____ E-MAIL: _____

PARENTS NAMES: _____

EMERGENCY CONTACT & PHONE NUMBER: _____

*Please attach a post-dated LAWS cheque of \$250.00 (Dated April 1st 2011)
Please include a copy of player's Birth Certificate*

NEW PLAYER INFORMATION

KM TO LUCKNOW: _____

NEXT NEAREST CENTRE: _____

KM TO NEXT NEAREST CENTRE: _____

NOTE: Any player who has not submitted a registration form or paid the registration fee will **not** be permitted on the ice.

AGREEMENT: In consideration of the agreement by Lucknow & District Joint Rec. Board By-Laws to supply coaching and ice facilities for practice and games, the undersigned parent/ guardian agrees to abide by the terms set forth in the L&DJRB By-Laws governing the conditions under which applicants shall participate in Lucknow Minor Sports.

It is advisable that every player be covered under the Ontario Hospital Insurance Plan. In case of injury, the player and parent herewith waives all claims of any kind against L&DJRB and Lucknow Minor Sports in regards to injuries incurred by said player while playing, practicing, or travelling to and from out-of-town games. This consent recognizes that all reasonable precautions will be taken to prevent accidents or injuries. Permission is given to allow supervisors to seek emergency medical treatment.

PHOTO RELEASE: I authorize the use of any photo taken while participating in the above program.

APPROVALS:

SIGNATURE OF PARENT/GUARDIAN

DATE