



LUCKNOW & DISTRICT MINOR HOCKEY REGISTRATION FORM 2010-2011

FEES

| | | |
|-----------|-----|----------|
| TYKE | ___ | \$180.00 |
| 1 PLAYER | ___ | \$315.00 |
| 2 PLAYERS | ___ | \$555.00 |
| 3 PLAYERS | ___ | \$780.00 |
| 4 PLAYERS | ___ | \$990.00 |

Fundraising Fees are included in Registration Costs (\$25.00 per player)

Please post-date cheque to September 1st 2010

Please attach a post-dated LAWS cheque of \$250.00 (Dated April 1st 2011)

LEVEL

| | | | | |
|----------|------------------------|------|-----|------------------------|
| TYKE | Born in 2004/2005/2006 | ___ | | |
| NOVICE | Born in 2002/2003 | ___ | | |
| ATOM | Born in 2000/2001 | ___ | | |
| PEEWEE | Born in 1998/1999 | BOYS | ___ | GIRLS ___ |
| BANTAM | Born in 1996/1997 | BOYS | ___ | GIRLS ___ |
| MIDGET | Born in 1993/1994/1995 | BOYS | ___ | GIRLS ___ |
| JUVENILE | Born in 1990/1991/1992 | BOYS | ___ | INTERMEDIATE GIRLS ___ |

PLAYER CONTACT INFORMATION

LAST NAME: _____ FIRST NAME(S): _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: () _____ E-MAIL: _____

PARENTS NAMES: _____

EMERGENCY CONTACT & PHONE NUMBER: _____

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