



2017-2018 CNN SPURS MINOR HOCKEY REGISTRATION

Participant Info	Last Name:	First Name:																													
	Birth date (YYYY/MM/DD):	Gender:																													
	Division (see below):	Player / Goalie <i>(Atom and above only)</i>																													
Addresses	Physical address (land location for rural):	Mailing address:																													
	Home phone number:																														
Mother's info	Last Name:	First Name:																													
	Email address:	Cell phone number:																													
Father's info	Last Name:	First Name:																													
	Email address:	Cell phone number:																													
Division (select)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Division</u></th> <th style="text-align: left;"><u>Ages</u></th> <th style="text-align: left;"><u>Year</u></th> <th style="text-align: left;"><u>Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> Initiation</td> <td>4-6 year olds</td> <td>2011-2013</td> <td>\$395</td> </tr> <tr> <td><input type="radio"/> Novice</td> <td>8 and under</td> <td>2009-2010</td> <td>\$565</td> </tr> <tr> <td><input type="radio"/> Atom</td> <td>10 and under</td> <td>2007-2008</td> <td>\$725</td> </tr> <tr> <td><input type="radio"/> Pee Wee</td> <td>12 and under</td> <td>2005-2006</td> <td>\$750</td> </tr> <tr> <td><input type="radio"/> Bantam</td> <td>14 and under</td> <td>2003-2004</td> <td>\$780</td> </tr> <tr> <td><input type="radio"/> Midget</td> <td>17 and under</td> <td>2000-2002</td> <td>\$820</td> </tr> </tbody> </table>			<u>Division</u>	<u>Ages</u>	<u>Year</u>	<u>Fee</u>	<input type="radio"/> Initiation	4-6 year olds	2011-2013	\$395	<input type="radio"/> Novice	8 and under	2009-2010	\$565	<input type="radio"/> Atom	10 and under	2007-2008	\$725	<input type="radio"/> Pee Wee	12 and under	2005-2006	\$750	<input type="radio"/> Bantam	14 and under	2003-2004	\$780	<input type="radio"/> Midget	17 and under	2000-2002	\$820
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Family Fees (one per family)	Administration fee		\$125																												
	Fundraising fee		\$200																												
Payment option selected (after min \$100 deposit per player)	<input type="radio"/> 100% at time of registration <input type="radio"/> Equally over three payments due on July 1, August 1 and September (not available after June 30, 2016) <input type="radio"/> Lump sum payment on Sept 1	Registration Date:																													
		Parent Signature:																													

* If you are new to CNN, attach proof of residency and copy of birth certificate *A discount of \$150 is offered on the registration fees for the 3rd and each additional child registered. * All player fees increase by \$100 on July 1, 2017 and \$200 on August 16, 2017 subject to availability. **If your family is represented at the 2018 Annual General Meeting, a \$100 per family credit will be offered toward 2018-2019 registration fees. Fundraising fee includes a \$100 fundraising deposit that is refundable based on fundraising efforts.

CNN SPURS MINOR HOCKEY WAIVER AND RELEASE OF LIABILITY

I, _____, hereby release the CNN Spurs Minor Hockey Association, Bon Accord & District Community League, its instructors, its agent and volunteers, and the Town of Bon Accord, the Town of Gibbons and the Sturgeon River Agricultural Society from any claims for loss, injury, or damage to person or property either directly or indirectly from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location.

I understand that my child, _____, participates in physical activities in the program. I give her/him permission to participate in any and all activities scheduled or unscheduled.

ACKNOWLEDGEMENT

I acknowledge having read and understood this liability release and accept the terms within.

Signature of Parent / Guardian _____ Date: _____

COACHING

If you are interested in coaching at this player’s level, please indicate below and apply online at www.cnnspurs.com.

Coach Assistant Coach

EMERGENCY MEDICAL CONSENT

I give consent for my child to receive any emergency medical treatment that is deemed necessary by a representative (s) of the CNN SPURS MINOR HOCKEY ASSOCIATION and/or Bon Accord and District Community League and/or the Town of Gibbons.

Name of Parent / Guardian (Printed) _____

Signature of Parent / Guardian _____ Date: _____

CNN SPURS MINOR HOCKEY PLAYER INFORMATION RELEASE FORM

This information is collected and distributed in accordance with the Freedom of Information and Protection of Privacy Act, Section 32, 33 and 37. This consent is required to allow us to:

- 1. Release player’s names for recognition of achievement in athletics’ or community involvement.
- 2. Use player’s name, address, and telephone number in sports directories.
- 3. Use player’s name, photo and comments in the annual newsletters or other publications.

I hereby consent for _____ (*player’s name*) to have his/her name and/or photo released for publication in any of the above situations.

Signature of Parent / Guardian _____ Date: _____

CONSENT TO RECEIVE COMMUNICATION

Do you agree to receive electronic communications from CNN Spurs Minor Hockey Association (and the their associated teams) including newsletters, information about upcoming events, team communications, fundraising and volunteer requirements, registration information, tax receipts and other general information bulletins?

Yes, I agree No, I do not agree

You may withdraw your consent at any time by sending an e-mail with CNN UNSUBSCRIBE to CNN Spurs Treasurer. Please be advised that if you do not agree or subsequently remove your consent, we will not longer be able to send you any CNN communications via electronic means.

Signature of Parent / Guardian _____ Date: _____