

2017-2018 CNN SPURS MINOR HOCKEY REGISTRATION

Participant Info	Last Name:		First Name:	
	Birth date (YYYY/MM/DD):		Gender:	
	Division (see below):		Player / Goalie (Atom and above only)	
Addresses	Physical address	s (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)	Division Ages		Year	Fee
	\circ Initiation		2011-2013	\$395
	• Novice	•	2009-2010	\$565
	• Atom	10 and under	2007-2008	\$725
	• Pee Wee	12 and under	2005-2006	\$750
	o Bantam	14 and under	2003-2004	\$780
	• Midget	17 and under	2000-2002	\$820
Family Fees (one per	Administratio	on fee		\$125
family)	Fundraising f	ee		\$200
Payment option		at time of registration	Registration Date:	
selected (after min \$100 deposit per player)	 Equally over three payments due on July1, August 1 and September (not available after June 30, 2016) 			
			Parent Signature:	
	o Lump	sum payment on Sept 1		

* **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 C	CNN Spurs Minor Hockey Association, Bon Accord & District Community
League, its instructors, its agent and volunteers, and the Town of Bon A	Accord, the Town of Gibbons and the Sturgeon River Agricultural Society r directly or indirectly from the attendance, including participation in any
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 unschedu	
ACKNOWLEDGEMENT	
I acknowledge having read and understood this liability release and acc	cept the terms within.
Signature of Parent / Guardian	Date:
COACHING	
If you are interested in coaching at this player's level, please indicate b	below and apply online at <u>www.cnnspurs.com</u> .
Coach Assistant Coach	
EMERGENCY MEDICAL CONSENT	
I give consent for my child to receive any emergency medical treatmen MINOR HOCKEY ASSOCIATION and/or Bon Accord and District C	
Name of Parent / Guardian (Printed)	
Signature of Parent / Guardian	Date:
CNN SPURS MINOR HOCKEY PLAYER INFORMATION REL	JEASE FORM
This information is collected and distributed in accordance with the Fre 37. This consent is required to allow us to:	eedom of Information and Protection of Privacy Act, Section 32, 33 and
1. Release player's names for recognition of achievement	nt in athletics' or community involvement.
2. Use player's name, address, and telephone number in	
3. Use player's name, photo and comments in the annual	newsletters or other publications.
I hereby consent for (playe	er'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 M newsletters, information about upcoming events, team communications receipts and other general information bulletins?	•
Yes, I agree No, I do not agree	
	n CNN UNSUBSCRIBE to CNN Spurs Treasurer. Please be advised that if nger be able to send you any CNN communications via electronic means.
Signature of Parent / Guardian	Date: