

# SMHA 2018-2019 Registration Form

<b>Player Name:</b>
<b>Address:</b>
<b>Postal Code:</b>
<b>Legal Land Description:</b>
(Found on Strathcona County Tax Assessment or utility bill)

SMHA  
 PO Box 29  
 Ardrossan, Alberta  
 T8E 2A1



<b>Home Number</b>		<b>Email</b> <small>(Needed in order to receive registration receipt)</small>	
<b>Birthdate</b> (dd/mm/yy)		<b>Gender</b>	
<b>Parent/Guardian Information</b>	<b>Home #</b>	<b>Cell #</b>	<b>Email</b>
<b>Father Name;</b>			
<b>Mother Name;</b>			

**Did this child play minor hockey last year? (Please check appropriate box)**

	Yes with SMHA	
	Yes with another association	Name of Association; _____ Submit parent declaration form Submit a copy of players birth certificate
	No	<b>Submit a copy of players birth certificate</b>

**The registrant is either a resident within SMHA boundaries or will be by Nov 15, 2018. Yes \_\_\_\_\_. No \_\_\_\_\_.**  
 SMHA boundaries are South of HWY 16, North of Twp Rd 510, West of Range Road 205 and East of the defined Urban Services Area as defined by Strathcona County.

**RELEASE OF CLAIMS, SMHA PAYMENTS AND REFUND SCHEDULE**

I authorize my son or daughter (the "Player") to participate in the hockey program of Strathcona Minor Hockey Association (the "Association"). As parent and/or guardian of the Player, I accept full responsibility for any injuries that may occur to the Player, and release the Association, its agents, officials, coaches, managers, directors, officers, volunteers and employees from all and any actions, causes of actions, claims and/or demands whatsoever, arising out of an accident or any cause whatsoever in connection with hockey games, hockey practices, or other activities sponsored by the Association, whereby injury, loss and/or damage was or may be sustained by the Player.

I understand that in the event that ice sessions are cancelled for any reason, including without limitation as a result of mechanical failure, there shall be no entitlement to an abatement of registration or other fees or any refund thereof except at the sole discretion of the Association.

ALL MEMBERS are required to pay their fees in full and agree to be financially responsible regarding team financial operating requirements. **I accept the refund schedule as outlined on the SMHA website at [www.smhahockey.com](http://www.smhahockey.com).**

**I VOLUNTARILY RELEASE THE ASSOCIATION AS SET OUT ABOVE. I AGREE TO THE PAYMENT TERMS SET OUT ABOVE AND ACCEPT THE REFUND SCHEDULE AS OUTLINED ON THE SMHA WEBSITE. FURTHER, I UNDERSTAND THAT REGISTRATIONS WITH INCOMPLETE FEES, INFORMATION AND/OR REQUESTED DOCUMENTS WILL NOT BE ACCEPTED AND WILL BE RETURNED.**

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**Name (Please Print)** \_\_\_\_\_

**Date** \_\_\_\_\_, 2018

**\*\*\*\*\*All new members pay the before July 15th Prices! \*\*\*\*\***

LEVEL	BIRTH YEAR	FEE** Received By July 15	LATE REG. FEE After July 15	TOTAL FEE
First Time Player	All	\$99	\$99	
Initiation (2 <sup>ND</sup> Year Initiation)	2013-2014	\$500	\$600	
Tom Thumb	2012-2013	\$650	\$750	
Novice	2010-2011	\$825	\$925	
Atom	2008-2009	\$875	\$975	
Pee Wee	2006-2007	\$925	\$1025	
Bantam	2004-2005	\$1000	\$1100	
Midget	2001-2003	\$1025	\$1125	
Recreation League (No Contact)	1999-2005	\$495	\$595	
<b>Rep. Try Outs (Guaranteed minimum two ice times)</b>			<b>\$125.00</b>	
<b>Atom, PeeWee, Bantam, Midget (AA &amp; Tier I EFHL)</b>				
<b>Conditioning Camp</b> – optional (Skills/Drills Sessions prior to evaluations) See website for draft schedule.  Novice, Atom, PeeWee, Bantam, & Midget  * Registration for conditioning camps will be subject to availability after August 10 <sup>th</sup> .			<b>\$150.00</b>	
<b>Total Fees Owning - Payable to SMHA -</b>				
NOTE: REGISTRATION FEE CHEQUES MAY BE POST-DATED TO SEPT. 1, 2018				\$ _____

\*\* To be eligible for the early-bird discount, you must register by July 15<sup>th</sup> and pay fees in full by September 1<sup>st</sup>. Discount will be rescinded if conditions are not met.

**\*\*\*Bantam and Midget Players \*\*\* – Will you be trying out for AAA in another association?  
Please Circle Yes or No**

<b>Preferred position;</b> (please circle <u>one</u> only)	<b>Goaltender</b>	<b>Defense</b>	<b>Forward</b>
<b>Atom, Pee Wee, Bantam &amp; Midget Only</b>			

**\*\*\*Every Registration Form must be submitted with full payment\*\*\***

**Please print Players name on Cheque Memo line.  
E-transfer payments must be sent to [payments@smhahockey.com](mailto:payments@smhahockey.com),  
password **WARRIORS**. Please note your player's full name in the message.**

Please mail all forms to; Attn. Registrar SMHA PO Box 29 Ardrossan, AB T8E 2A1 Or Scan/Email to: <a href="mailto:registrar.smha@gmail.com">registrar.smha@gmail.com</a>
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