SMHA PO Box 29 Ardrossan, Alberta T8E 2A1

SMHA 2018-2019 AA Tryout/Conditioning Camp Registration Form for Non-Residents

Player Name: Address:	STRATILITY					
Home Number	Email (Needed in order to receive registration receipt)					
Birthdate (dd/mm/yy)	Gender					
Did this child play minor hockey last year? (Please che Yes with SMHA Yes with another association	Name of Association;					
No						
Preferred position; (please circle one only) For Atom, PeeWee, Bantam and Midget Players Goaltender Defense Forward						
AA Try Outs (Guaranteed minimum two ice times)						
Peewee, Bantam, Midget (AA)	\$125.00					
	ul players making AA Teams. This should be considered prior to tryouts. There is a cover some of the extra costs the association will charge each rep player additional					
Conditioning Camp – optional (Skills/Drills Session	ns prior to evaluations) See website for draft schedule.					
PeeWee, Bantam, Midget	\$150.00					

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.

Total Fees Owing
- Payable to SMHA -

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.

Laccept the refund schedule as outlined on the SMHA website at 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						

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,
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:
registrar.smha@gmail.com