

SMHA *First Shift Transition* Registration

Player Name:
Address:
Postal Code:

SMHA
PO Box 29
Ardrossan, Alberta
T8E 2A1



Home Number		Email	
Birthdate (dd/mm/yy)		Gender	
Parent/Guardian Information	Home #	Cell #	Email
Father Name;			
Mother Name;			

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.

I accept 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.**

First Shift Transition Program January-February 2019	
Total Fees Owing	\$200

E-transfer payments must be sent to payments@smhahockey.com, password **WARRIORS**.
Please note your player's full name in the message.