

WEMBLEY
Application for Membership

PLAYER INFORMATION - PLEASE PRINT

LAST NAME		FIRST NAME		GENDER (CIRCLE) M F	
STREET ADDRESS or LEGAL LAND DESCRIPTION			CITY		POSTAL CODE
BIRTH DATE (mm-dd-yyyy)			OFFICE USE ONLY		
NEW REGISTRANTS PROVIDE COPY PROOF OF AGE			BRANCH#		
FATHER'S NAME				INITIAL	
PHONE NUMBER (H)	PHONE NUMBER (W)	PHONE NUMBER (C)	E-MAIL ADDRESS		
MOTHER'S NAME				INITIAL	
PHONE NUMBER (H)	PHONE NUMBER (W)	PHONE NUMBER (C)	E-MAIL ADDRESS		
Are you, or anyone in your family, available to volunteer as: Team Coach/Asst Safety Person/Trainer Manager ?					
SIGNATURE AND WAIVER: We hereby acknowledge the authority of Hockey Canada, HOCKEY ALBERTA, and WEMBLEY, and agree to carry out and abide by the Constitution, Bylaws, Rules, Guidelines and Regulations of those Associations. RELEASE: In consideration of this application to play under the auspices of WEMBLEY, I hereby for myself, heirs, executors, administrators and assigns, remise, release and forever discharge Hockey Canada, HOCKEY ALBERTA, and WEMBLEY its officers, or anyone acting on their behalf from any manner of litigation, damage, claims, or demands in law or equity which I may have or acquire by reason of person injury, loss or damage to property, which may occur during or by reason of participation in the activities of WEMBLEY. EQUIPMENT: We, at the end of the season covered by this registration, agree to return all equipment provided by WEMBLEY in good condition and should we fail to do so we agree to reimburse the WEMBLEY for the replacement of same.					
SIGNATURE:			DATE:		
PREVIOUS ASSOCIATION	TEAM	NUMBER OF YEARS PLAYING	PREFERED POSITION FORWARD DEFENCE GOAL	SHOT (CIRCLE) L R	
OFFICE USE ONLY	ASSIGNED TEAM	EVALUATION			
PLAYER'S NAME		AB HEALTH CARE CARD NUMBER (10 DIGIT NUMBER)			
PERSON TO CONTACT IN CASE OF EMERGENCY	PHONE NUMBER	ALTERNATE	PHONE NUMBER		
DOCTOR'S NAME	PHONE NUMBER	DENTIST'S NAME	PHONE NUMBER		
PLEASE INDICATE MEDICAL PROBLEMS THAT WOULD INTERFERE WITH PARTICIPATION ON A HOCKEY TEAM (ALERGIES, CONCUSSIONS, Etc.)					
In the event of a medical emergency, I hereby consent to the release of information in this medical information section to an authorized medical professional so that he/she may start an examination on the above player in my absence. SIGNATURE: DATE:					
Received From:			BRANCH#		
For Registration Fees					
	On or Before Sept. 15th	After Sept. 15th			
Registration Fee - Jr. Novice (AKA Initiation)	\$360	\$410			
Registration Fee - Sr. Novice	\$400	\$450			
Registration Fee - Atom	\$475	\$525			
Registration Fee - Peewee	\$475	\$525			
Registration Fee - Bantam	\$525	\$575			
Registration Fee - Midget	\$525	\$575			
AG Society Fee - Yearly PER FAMILY OR			\$20.00		
AG Society Fee - Lifetime PER FAMILY			\$150.00 Lifetime Member		
DEPOSITS:					
Jersey Deposit - (Bantam/Midget only) Separate Cheque Post Dated to March 15th			\$75.00		
Volunteer Bond - Separate Cheque Post Dated to March 15th (PER FAMILY)			\$200.00		
			\$		
Total Fee Paid		CASH		CHEQUE	