

# Registration Information 2019/2020

Email Registration to: Sexsmith Minor Hockey Association

sexsmithregistrar@gmail.com Box 322

Sexsmith, Alberta T0H 3C0

| <u>Division</u> | <u>Birth Year</u> | <u>Regular Fee</u><br>Due by Sept. 6th | Late<br>Registration<br>(After Sept 6th) |
|-----------------|-------------------|----------------------------------------|------------------------------------------|
| Initiation      | 2013-2015         | \$350.00                               | \$450.00                                 |
| Novice          | 2011-2012         | \$425.00                               | \$525.00                                 |
| Atom            | 2009-2010         | \$500.00                               | \$600.00                                 |
| Peewee          | 2007-2008         | \$560.00                               | \$660.00                                 |
| Bantam          | 2005-2006         | \$600.00                               | \$700.00                                 |
| Midget          | 2002-2004         | \$625.00                               | \$725.00                                 |

- 1. Every **new** player to Sexsmith Minor Hockey Association **must** provide a photocopy of the participant's **Birth Certificate**, **Alberta Health Care Card** and include the Hockey Alberta Parent Declaration form signed by **BOTH** parents for registration to be complete.
- 2. A bond cheque is required for fundraising efforts (it will be given back at the end of the season, once volunteer fulfillment has been met) in the amount of \$450. The cheque needs to be written to Sexsmith Minor Hockey Association (SMHA) as well as **signed** and **undated**. This is due upon registration.
- 3. **NEW** Registration is due by September 6th after which, a late fee will be applied
- 4. New Player discount applies to **regular fees** only. A 50% discount is applied if your child has never played organized hockey. \*Discount only applies to registration fees.\*
- 5. At least one parent **must** complete the Respect in Sport Parent online course before the Player will be recognized as registered and allowed to participate in on ice activity.
- 6. Fees are based on age as of December 31st of the current year. There is a maximum family registration fee of \$1200 for registered players from one immediate family.
- 7. NSF cheques are subject to a **\$25 service charge** in which case, the remaining balance will be due in cash. Default accounts will only be payable via cash going forward.
- 8. Tryouts are subject to a fee. This fee is due prior to try-out date. Members will be placed in the lowest tier for Division if non-participation in tryouts occur.
- \*Registration fees are due by December 1st. \*in order to qualify for this due date, post dated cheques must be submitted with registration.\* Non compliant members will not be allowed to participate in ANY on ice activities until fees are paid in full.



## Registration Application 2019/2020

| Care                      |                  |                                      | nor Hockey Association<br>Po Box 322<br>Sexsmith, AB<br>T0H 3C0<br>ithregistrar@gmail.com |
|---------------------------|------------------|--------------------------------------|-------------------------------------------------------------------------------------------|
| Player's Last Name        |                  | Player's First Name                  |                                                                                           |
| Player's Birth Date (MM/D | D/YYYY):         | Health Care Nur                      | nber                                                                                      |
| Physical address (Legal L | and Descriptior  | n):                                  |                                                                                           |
| Mailing Address:          |                  |                                      |                                                                                           |
| (If different from above) |                  |                                      |                                                                                           |
| Parent/Guardian Name(s)   | :                |                                      |                                                                                           |
| Phone Numbers: Main:      |                  | Cell(s):                             |                                                                                           |
| *Email Address(s):        |                  |                                      |                                                                                           |
| Division 2019/2020        |                  | Position (if known)                  |                                                                                           |
|                           |                  | Fee: \$                              |                                                                                           |
| Are you applying for fun  | ding (Kidspor    | t, Jumpstart etc)?  Y/N      \$_     |                                                                                           |
| Are there any sibling     | ıs registered iı | n SMHA? (please list below) \$       |                                                                                           |
|                           |                  | Total \$ _                           |                                                                                           |
|                           |                  |                                      |                                                                                           |
| Parent/Guardian Name (    | print)           | Parent/Guardia                       | n Signature                                                                               |
| Administrator Use: Cash:  |                  | Cheque Number and Date:<br>n Cheque: | _/                                                                                        |

#### APPLICATION FOR REGISTRATION WAIVER

I, the undersigned, certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incident thereto, and by signing this certificate I have become subject to the rules, regulations and decisions of Hockey Alberta, its Board of Directors, its Minor Hockey Associations, Leagues, or Clubs which may be restrictive in some areas such as movement from team to team, conduct etc. and I agree to abide by such rules, regulations and decisions of Hockey Alberta, its Board of Directors, its Minor Hockey Associations, Leagues, or Clubs. Further, the information requested above is required by Hockey Alberta and its Minor Hockey Associations to facilitate hockey programs on behalf of the registrant, Hockey Alberta and its Minor Hockey Associations.

All players and officials associated with Sexsmith Minor Hockey Association are covered by mandatory liability insurance through Hockey Alberta. This IS NOT an accident insurance policy.

LIABILITY RELEASE: In consideration of the Sexsmith Minor Hockey Association (SMHA) accepting this application, I hereby waive and release any and all rights and claims for damages against SMHA for any and all injuries during any of the activities sanctioned by the Executive for the child(ren) named herein, his/her heirs, executors, and/or administrators. I accept full responsibility for the behavior of the child(ren) named herein on and off the ice.

REGISTRATION will not be considered complete until all registration fees are paid in full (or acceptable installment arrangements have been made) and all additional cheque requirements are received by SMHA along with all documents including: registration form, player and parent code of conduct forms, parent declaration form, player verification (when required) form, and player medical form (ePACT). All documents must be fully completed and signed by registrants' and/or his or her parent(s) or guardian. A \$25.00 fee will apply to any dishonored cheques.

#### \* NO PLAYER WILL BE ALLOWED ON THE ICE UNTIL FULLY REGISTERED WITH SMHA

Hockey Alberta and Sexsmith Minor Hockey will treat this personal information with the utmost respect and in accordance with the Hockey Alberta Privacy Policy and the Sexsmith Minor Hockey Privacy Policy at all times. Hockey Alberta or Sexsmith Minor Hockey does not sell trade or otherwise share the information we collect outside our Minor Hockey Associations, Affiliates, Leagues, or Clubs. However we may from time to time use this information for the purposes of offering additional services and/or hockey specific research. This type of usage of your child's personal information by Hockey Alberta, Minor Hockey Associations, Leagues, or Clubs is entirely at your discretion. There may from time to time be photos taken of your child for various League programs, the SMHA web site or for team advertisements under which only your child's name will appear.

#### Should you choose to allow this type of usage please INITIAL the box here: [ ][ ]

For more information on Hockey Alberta's Privacy Policy please visit our web site at www.hockeyalberta.ca For more information on SMHA's Privacy Policy please visit our website at www.sexsmithminorhockey.com



### PARENT DECLARATION FORM

| To: The Local Minor Hockey Association (c/o Registrar) in which the Player will be registering. |                                                         |      |  |  |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------|------|--|--|
| Player Name:                                                                                    | Date of Birth ( <i>mm/dd/yyyy</i> ):/ /                 |      |  |  |
| Respect in Sport Certificate #:                                                                 | Respect in Sport Expiry Date:                           |      |  |  |
| Mother/Guardian Name:                                                                           | Father/Guardian Name:                                   |      |  |  |
|                                                                                                 |                                                         |      |  |  |
| Dear Sir/Madam: I / We hereby declare that permanent                                            | t / primary residence has been established at the follo | wing |  |  |
| location since (month/year):/                                                                   |                                                         |      |  |  |
| Address:                                                                                        | City / Town:,                                           | AB   |  |  |
| Mailing Address:                                                                                | Postal Code:                                            |      |  |  |
| Legal Land Description (i.e. SW 12-20-33 W4):                                                   |                                                         |      |  |  |
|                                                                                                 | al address)                                             |      |  |  |
|                                                                                                 |                                                         |      |  |  |
| Former Address:                                                                                 |                                                         |      |  |  |
| Our former address was:                                                                         |                                                         |      |  |  |

| Address:                                      |                    | City / Town: |  |
|-----------------------------------------------|--------------------|--------------|--|
| Mailing Address:                              |                    | Postal Code: |  |
| (if different from above)                     |                    |              |  |
| Legal Land Description (i.e. SW 12-20-33 W4): |                    |              |  |
| - · · · <u> </u>                              | (if rural address) |              |  |
| Phone:                                        | E-Mail:            |              |  |

| Yours truly, |   |       |      |             |
|--------------|---|-------|------|-------------|
|              | / | Date: |      | / /         |
| Signature(s) |   |       | (dd) | (mm) (yyyy) |

#### Conditions:

- 1. "Parent Declaration Form" is the designated Hockey Alberta form used by Players whose parent(s)/legal guardian(s) change residence in situations where the Player continues to reside with the parent.
- 2. A Player's residence shall be determined by reference to the residence of his or her parent(s)/legal guardian(s) (as defined in Hockey Canada Regulation C3) (See Hockey Alberta Regulation 5.1 (b)).
- 3. If custody of a minor aged Player is shared between parents and the Player spends equal time between the two residences, a onetime decision shall be made to determine which LMHA the Player will register with. The Player will remain with the chosen LMHA until that parent relocates or custody arrangements change.
- 4. Hockey Alberta reserves the right to request proof of residency / custody documentation in accordance with Hockey Canada Regulation C3 requirements.
- 5. Falsification of any information may result in discipline as per Hockey Canada / Hockey Alberta regulations.

(please initial)