**SPS *FUZION* 2019-2020 Registration Form**

**Player Name: Address: Postal Code:**

**Legal Land Description:**

**(For RURAL Residents only. Found on Strathcona County Tax Assessment or utility** bill**)**



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home Number** | | **Email** (Needed in order to receive registration receipt) | | |
| **Birthdate** (dd/mm/yy) | | **Gender** | | |
| **Parent/Guardian Information** | **Home #** | | **Cell #** | **Email** |
| **Father Name;** |  | |  |  |
| **Mother Name**; |  | |  |  |

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

|  |  |  |
| --- | --- | --- |
|  | Yes with SMHA or SPMHA |  |
|  | Yes with another association | Name of Association;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-  Submit parent declaration form  Submit a copy of players birth certificate |
|  | No | **Submit a copy of players birth certificate** |

**RELEASE OF CLAIMS, SPS FUZION FEMALE HOCKEY CLUB PAYMENTS AND REFUND SCHEDULE**

I authorize my daughter (the "**Player**") to participate in the hockey program of SPS Fuzion Female Hockey Club (the "**Club**"). As parent and/or guardian of the Player, I accept full responsibility for any injuries that may occur to the Player, and release the Club, 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 Club, 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 Club.

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 SPS Fuzion Policies and Procedures at** [**www.spsfuzion.com**](http://www.spsfuzion.com). I also agree to abide by the SPS Fuzion Female Hockey Club Bylaws and Policies, and Procedures as found at [www.spsfuzion.com](http://www.spsfuzion.com)

**I VOLUNTARILY RELEASE THE CLUB AS SET OUT ABOVE. I AGREE TO THE PAYMENT TERMS SET OUT ABOVE AND ACCEPT THE REFUND SCHEDULE AS OUTLINED ON THE SPS FUZION 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019**

***\*\*\*\*\*All new members pay the before July 1st Prices! \*\*\*\*\****

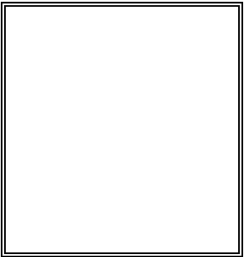
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEVEL** | **Birth Year** | **Registration**  **By July 1** | **Late Registration After July 1** | **Total Fee** |
| First Time Players | 2009-2012 | $99 | $99 |  |
| Novice | 2011-2012 | $775 | $875 |  |
| Atom | 2009-2010 | $850 | $950 |  |
| Pee Wee | 2007-2008 | $925 | $1025 |  |
| Bantam | 2005-2006 | $995 | $1095 |  |
| Midget | 2002-2004 | $1025 | $1125 |  |
| **Conditioning Camp –** *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 10th. | | | **$150.00** |  |
| **Total Fees Owing**  **- Payable to SPS FUZION FEMALE HOCKEY CLUB -**  NOTE: REGISTRATION FEE CHEQUES MAY BE POST-DATED TO SEPT. 1, 2019 | | |  | $\_\_\_\_\_\_\_\_\_\_\_ |
| \*\* To be eligible for the early-bird discount, you must register by July 1st and pay fees in full by September 1st. Discount will be rescinded if conditions are not met. | | | | |

**\*\*\***Bantam/Midget Players **\*\*\*** Will you be trying out for **AAA** or **Elite** with SPKAC?

**Please Circle** **Yes or No**

**Preferred position;** (please circle **one** only) **Goaltender** **Defense** **Forward**

**Atom, Pee Wee, Bantam & Midget Only**



**\*\*\*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@spsfuzion.com, password: *HOCKEY*. Please note your player’s full name in the message. If paying by credit card please know you will be charged the 2.5% credit card processing fee.**

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Please mail all forms to;

Attn. Registrar

SPS FUZION

PO Box 79113 Sherwood Park, AB

T8A 5S3

Or

Scan/Email to:

registrar@spsfuzion.com