

2019-2020 Unity Minor Hockey

Please complete one summary form per child

Child Name: _____ Parents _____

Date of Birth: _____ Email: _____
(mm/dd/yyyy)

Ice Fees are required for all participants in Minor Hockey

Minor Hockey Registration Fees: All ages are as of Dec. 31st of the current season.
Please highlight age group registering for.

Divisions

Initiation	6 yrs& under	305.00
(Min. age 4 at reg. date & skate unassisted)		
Novice	8 yrs& under	350.00
Atoms	10 yrs& under	405.00
PeeWee	12 yrs& under	460.00
Bantam	14 yrs& under	485.00
Midget	17 yrs& under	485.00

Ashton Hewson Hockey Club Oct 5&6, Oct 25-27 50.00

Total \$ _____

Cheque# _____ Cash _____

Jersey Deposit (Cashed after April 15/20) 75.00 x _____ = _____

Late fee as of September 15/19 50.00 x _____ = _____

As a fundraiser this year Unity Minor Hockey will be selling AG Foods gift cards. Each kid will be required to sell \$200 worth to a maximum of 4 per household. Cheques will be collected by coordinators for the first run in the first few weeks of October and the 2nd run in the first part of Jan.

Additional Information:

1. **Registration Night on Thursday Sept. 5/19 from 6:30-8:30 PM at the Unity Skating Rink lobby.** Forms may be left at Unity Public School during regular business hours **AFTER** Sept. 5. All forms are to be handed in by September 15/19. Late registrations are subject to a fee.
2. Equipment swap and sale on registration night. Owners are responsible for their own items.
3. All players must have payment of fees by cheque. Postdated cheque, cash, or note with other arrangement of payment to be handed in with registration form. Registration form without will not be accepted. One postdated cheque per child please. Postdated no later than Oct 31/19.
4. If you are interested in coaching please make sure you mark this on your registration form.

Unity Minor Hockey Association 2019-2020
PLAYERS REGISTRATION CERTIFICATE

Division _____ E-mail _____

Last Name First Name Date of Birth (MM/DD/YY) Sex (M/F)

P.O. Box Town Postal Code Phone Number

MEDICAL:

Health Card No. Doctor Telephone Number

Check any disabilities/medical conditions:

Asthma __ Diabetes __ Heart __ Epilepsy __ Uses glasses __ Seizures __
 Uses contact lenses __ Reoccurring headaches __ Blackouts __ Chest pains __

List medications taken regularly _____

List any allergies/other conditions _____

CONTACTS

Parent(1) First Name Last Name Telephone No. Relationship

Parent(2) First Name Last Name Telephone No. Relationship

Emergency Contact Telephone No.

PLAYER HISTORY(Last 3 seasons)

Season	Minor Hockey Association	Division	Level (A,B,C)

Please check if you are interested in: _____ coaching _____ managing
 (Courses are available and reimbursed by Unity Minor Hockey.)

Please Note: If necessary, coaching positions may be determined at a parent meeting.

Waiver on back to be signed.

WAIVER

We hereby acknowledge the authority of the C.H.A., S.H.A. and Unity Minor Hockey Association, and agree to carry out and abide by the Constitution, Bylaws, Rule and Regulations of those associations.

EQUIPMENT: We, at the end of the season covered by this registration, agree to return all equipment provided by the Unity Minor Hockey Association in good condition and should we fail to do so, we agree to reimburse the Unity Minor Hockey Association for the replacement cost of the same.

RELEASE:: In consideration of this application to play under the auspices of the Unity Minor Hockey Association, I so hereby for myself, heirs, executors, administrators and assigns, release and forever discharge the C.H.A., S.H.A., and Unity Minor Hockey Association, its officers, or anyone acting on their behalf from all manner of litigation, damage claims, or demands in law or equity which I may have or acquire by reason of personal injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of the Unity Minor Hockey Association.

Signature of Player _____ Signature of Parent _____

Date _____

I give permission for photos of my children to be in the newspaper: YES NO
(please circle appropriate response)

I give permission for photos of my children to be online (unitystories.com): YES NO
(please circle appropriate response)

Signature of Parent _____

I give permission for the Unity Recreation Facebook page to use photos of my child.

YES NO (please circle appropriate response)

Signature of Parent _____

I give permission for my child's picture to be displayed in the rink.

YES NO (please circle appropriate response)

Signature of Parent _____