

SWANSEA GIRLS HOCKEY LEAGUE

2019 - 2020 Season Registration Form

Ages 7-18



Player's Last Name _____		Player's First Name _____	
Address _____		City _____	Postal Code _____
Birth Year _____	Month _____	Day _____	Hockey experience, if any (only players new to the league need to fill this in) _____
Primary phone number _____		Additional phone number(s) _____	
Primary e-mail address _____		Additional e-mail address(es) _____	
Parent or Guardian (Please Print) _____		Parent or Guardian (Please Print) _____	
The league can always use extra helping hands. If one or both of you would be willing to volunteer in some capacity, please let us know by checking the box at right. <input type="checkbox"/>			Additional notes (expected absences, medical conditions, medications, etc.) _____ _____
Emergency contact info _____			

ATTENDANCE POLICY
 I understand that I am making a commitment to the league, to my team and my fellow players. I understand that if I miss three or more games without proper or just notification, I may be removed from the team and my spot given to a player on the waiting list.

PHOTOGRAPHY
 I understand that in the course of my participation in the league, my photo may be taken and that the league may, without compensation, publish such photos on its web site and in its social media.

ASSUMPTION OF RISK
 I/we acknowledge that participation in the sporting activity of hockey involves personal risk to the participants, including a risk associated with possible negligence or breach of legal duty by others. On behalf of myself and participating family members I accept and assume all such risk.

WAIVER OF LIABILITY
 In consideration for the participation of my child in Swansea Girls Hockey League (SGHL) program, I, on behalf of myself and family members, hereby agree to waive any and all claims which I and my participating family members may have against the SGHL and/or its staff, representatives, or volunteers for any loss, injury, damage or expense that we may suffer as a result of my child's participation in such programs due to any cause whatsoever, including possible negligence or other legal breach of duty by the SGHL staff, representatives or volunteers.

I UNDERSTAND THE ASSUMPTION OF RISK AND WAIVER OF LIABILITY PROVISIONS SET OUT ABOVE AND AGREE THAT I AM ACCEPTING THE TERMS THEROF AND WAIVING LEGAL RIGHTS WHICH I, MY FAMILY, OR LEGAL REPRESENTATIVES MAY OTHERWISE HAVE.

 Player's Signature (required) Date _____

 Parent or Legal Guardian's Signature (required for players under the age of 18) Date _____

\$225 (may be post-dated to June 1st, 2019)

Please make cheque payable to: Swansea Girls Hockey League Please include player's name on your cheque	Send/Deliver to: Tom Mui, President, SGHL 3 Hazelbrae Road, Toronto, Ontario, M6S 1H1
We thank you for choosing to play hockey with us!	

League Use Only	
Registration Date _____	Payment Date _____
Amount Received _____	Cheque Number _____
Name on Cheque _____	