

SMHA
 PO Box 218
 Ardrossan, Alberta
 T8E 2A1

SMHA 2010-2011 Registration Form

Player Name:
Hockey ID #:

Home Number	Email (Needed in order to receive registration receipt)
Birthdate (dd/mm/yy)	Gender
Birth Certificate #	AHC #

Parent/Guardian Information	Home #	Cell #	Email
Father Name;			
Mother Name;			

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

<input type="checkbox"/>	Yes with SMHA	
<input type="checkbox"/>	Yes with another association	Name of Association; _____ Submit parent declaration form Submit a copy of players birth certificate
<input type="checkbox"/>	No	Submit a copy of players birth certificate

The registrant is either a resident within SMHA boundaries or will be by Nov 15, 2010. Yes _____. No _____.
 SMHA boundaries are South of HWY 16, North of Twp Rd 510, West of Range Road 205 and East of the defined Urban Services Area as defined by Strathcona County.

Release of Claims: I authorize my son or daughter to participate in the hockey program of Strathcona Minor Hockey Association. As parents or guardians, I / we accept full responsibility for any injuries that may occur and release the Association, it's agents, officials, directors, 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 activities sponsored by the Association, whereby injury, loss and/or damage was or may be sustained by my child. In the event that ice sessions are cancelled due to mechanical failure or other activities, there shall be no entitlement to an abatement of registration or other fees or refund thereof except at the sole discretion of the SMHA. **I authorize my child's name and likeness to be used as it relates to his/her team. I authorize that the information contained in this document can be used for business conducted by SMHA.** I understand that registrations with incomplete fees, information and/or requested documents will not be accepted and will be returned.
 NOTE: 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 back of the registration checklist and also located on the SMHA website at www.smhahockey.org.**

Signature of Parent or Legal Guardian _____

Name (Please Print) _____

Date _____, 2010

