

S.S.J. YOUTH/Adult Ball Hockey
REGISTRATION FORM

The S.S.J. Youth/Adult Sports staff is organizing ball hockey programs for children in the surrounding area.

Child's Name: _____ Age: _____

Address: _____

Phone Number: _____ Alt Phone: _____

Mother's Name _____ Father's Name: _____

Contact person in case of emergency

Name: _____ Phone #: _____

Address: _____

COST if paid before April 10th: \$40.00 per child \$50.00 per adult.

COST if paid after April 10th: \$50.00 per child

Registration forms are to be completed and fees paid Wednesday April 10th, 2019.

It is the parents responsibility to be present while their child play's ball hockey to help ensure the safety of all children during game play.

Please fill out Medical information on reverse

CURRENT MEDICAL CONDITIONS

Allergies	Yes	No	Regular Medication	Yes	No
Type _____			Heart Condition	Yes	No
Medical Alert	Yes	No	Any Recent Injuries	Yes	No
Asthma	Yes	No	Has had and Illness lasting more than one week	Yes	No
Diabetic	Yes	No	Surgery in the past year	Yes	No
Epileptic	Yes	No	Been in Hospital in the past year	Yes	No
Wears Glasses	Yes	No	Any other Health problems that may interfere with playing ball hockey	Yes	No
Shatterproof lenses	Yes	No			
Wears Contacts	Yes	No			
Hearing Problem	Yes	No			

Please provide more details if Yes answers were given or if you child's current medical condition is not mentioned above:

I understand it is my responsibility to keep the S.S.J staff advised of any changes in the above information as soon as possible. I also understand that in the event of any injury and no one can be contacted, that team management will admit my child to hospital, if deemed necessary. I hereby, authorize the physician and nursing staff of any Emergency Unit to undertake examination, investigation, and any necessary treatment of my child.

The S.S.J. Youth/Adult Ball Hockey Program makes the safety of children a priority! All children must wear hockey helmets with screens, chin guards and gloves.

I the undersigned give permission for _____ to play youth ball hockey with the S.S.J. Youth, Adult Ball Hockey Program and do hereby absolve the S.S.J. staff and its volunteers from all, or any liability that may be incurred in respect to the above player.

_____ Date

_____ Signature