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|--------------------------|--------------------------|
| Initiation 1 (2013-2014) | \$150 |
| Initiation 2 (2012) | \$300 (early bird \$225) |
| Tyke (2011) | \$375 (early bird \$300) |
| Novice (2010) | \$525 (early bird \$450) |
| Atom (2008-2009) | \$525 (early bird \$450) |
| Peewee (2006-2007) | \$525 (early bird \$450) |
| Bantam (2004-2005) | \$525 (early bird \$450) |
| Midget (2001-2003) | \$525 (early bird \$450) |

***Registrations will NOT be accepted without payment

Muskoka Rock Minor Hockey 2018/2019 Registration Form

Last Name: _____ First Name: _____

DOB (Month DD YYYY eg. May 3 2004) _____ Gender: M / F / X

Is player new to Muskoka Rock? Y / N If yes, has player previously played in OMHA Y / N

Street Address: _____ Town _____ Postal Code _____

Mother/Guardian: _____

↳ Home # (_____) _____ Cell # (_____) _____

E-mail address (*please print clearly*) _____

Father/Guardian: _____

↳ Home # _____ Cell # _____

E-mail address (*please print clearly*) _____

Emergency Contact: _____ Phone #: (_____) _____

Team Category: _____ Team Preference (circle one): LL Rep

Payment Amount: _____ Cash Chq #: _____

Will be applying for subsidy Y / N If yes, please indicate which organization _____

I will allow my child's picture to be published relating to hockey activity (should the opportunity arise). I waive the privacy policy.

Parent Signature: _____ Date: _____

As a member of Muskoka Rock Minor Hockey, I agree to abide by the constitution, rules and the OMHA Code of Conduct.

Parent Signature: _____ Date: _____

WAIVER FORM: The participant and parents/guardians acknowledge that ice hockey is a contact sport and agree that Muskoka Rock Minor Hockey and any of its principals, coaches, instructors, officers, employees, agents or directors will not be held responsible for any accident, damage, injury or loss, however caused, negligent or otherwise, at any time either on ice or off-ice while engaged and expressly release any and all of the aforementioned parties from all claims arising from any accident, damage, injury or loss as a consequence thereof. I understand my said agreements, release and discharge shall bind my heirs, legal representatives and assignees and shall insure to the benefit of Muskoka Rock Minor Hockey and any of the principals, coaches, instructors, officers, employees, agents or directors and their successors and assigns do not and shall not be considered to guarantee or warrant such equipment as may be used in the conduction of such hockey program.

Parent Signature: _____ Date: _____

Early Bird rates ONLY apply for registrations received prior to June 1st, 2018 (and new registrants) with payment.

Payment can be made via postdated cheque for July 1, 2018 (at least 50%) and September 1, 2018 (remainder) All registration fees due by September 1st, 2018. 15% discount for families with 3 or more players.

MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Telephone: (_____) _____ Cell: (_____) _____

Mother's Name: _____ Father's Name: _____

Business Telephone Numbers: Mother _____ Father _____

Alternate emergency contact (if parents are not available)

Name: _____ Telephone: _____

Relationship to player: _____

Address: _____

Doctor's Name: _____ Telephone: (_____) _____

Dentist's Name: _____ Telephone: (_____) _____

Date of last complete physical examination: _____

* Before a player participates in a hockey program, any medical condition or injury problem should be checked by that individual's family physician.

Please circle the appropriate response and provide details below if you answer "Yes" to any of the questions.

- | | | |
|-----|----|---|
| Yes | No | Medication |
| Yes | No | Allergies |
| Yes | No | Previous history of concussions |
| Yes | No | Fainting episodes during exercise |
| Yes | No | Seizures and/or Epilepsy |
| Yes | No | Wears glasses |
| Yes | No | Are lenses shatterproof |
| Yes | No | Wears contact lenses |
| Yes | No | Wears dental appliance |
| Yes | No | Hearing problem |
| Yes | No | Asthma |
| Yes | No | Trouble breathing during exercise |
| Yes | No | Heart Condition |
| Yes | No | Family History of Heart Disease |
| Yes | No | Diabetes Type I _____ Type 2 _____ |
| Yes | No | Wears a medical information bracelet or necklace For what purpose? _____ |



- Yes No Has any health problem that would interfere with participation on a hockey team
- Yes No Has had an illness that lasted more than a week and required medical attention in the past year
- Yes No Has had injuries requiring medical attention in the past year
- Yes No Has been admitted to hospital in the last year
- Yes No Surgery in the last year
- Yes No Presently injured. Injured body part: _____
- Yes No Vaccinations up to date
Date of last Tetanus Shot: _____
- Yes No Hepatitis B vaccination

Please give details if you answered “Yes” to any of the above. Use separate sheet if necessary

Medications: _____

Allergies: _____

Medical conditions: _____

Recent injuries: _____

Any information not covered above: _____

I understand that it is my responsibility to keep the team Hockey Trainer advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: _____ Signature of Player: _____

Date: _____ Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained will be held solely for the purposes for which it is collected and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act.