



### Coniston Minor Hockey Association

### Player Registration Form 2016/2016

\*Do not forget to complete the REQUIRED Respect in Sport-Parent Program online \*

All fields required. ( If you have moved recently, you also need to fill in a residential move form.)

<input type="checkbox"/> Returning CMHA player	<input type="checkbox"/> New CMHA Player	<input type="checkbox"/> Played elsewhere last year? if so, where?	Date of Birth:d/m/y
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PLAYER SURNAME		PLAYER FIRST NAME	
ADDRESS		CITY/PROVINCE	
POSTAL CODE		HOME PHONE	
YEARS AT THIS ADDRESS?		EMAIL ADDRESS [Main contact email address]	
DO YOU HAVE ANY SIBLINGS PLAYING FOR A CMHA TEAM IN 2016/2017 SEASON? <input type="checkbox"/> NO <input type="checkbox"/> YES (INCLUDE NAME(S) AND DIVISION )			

### PARENT/GUARDIAN INFORMATION

MOTHER'S FULL NAME (first and last)		FATHER'S FULL NAME(first and last)	
MOTHER'S ADDRESS [if different than above]		FATHER'S ADDRESS [if different than above]	
PHONE HOME: CELL:		PHONE HOME: CELL:	
EMAIL ADDRESS:		EMAIL ADDRESS:	

### TEAM APPLYING FOR

<input type="checkbox"/> INITIATION (2012-2010)-\$425 <input type="checkbox"/> TYKE (2011-2010)-\$550 <input type="checkbox"/> NOVICE (2009-2008)-\$625	<input type="checkbox"/> ATOM (2007-2006)-\$650 <input type="checkbox"/> PEEWEE (2005-2004) -\$775 <input type="checkbox"/> BANTAM (2003-2002)-\$800 <input type="checkbox"/> MIDGET (2001-2000)-\$825
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**FOR OFFICE USE**

<b>NAME:</b>	<b>DIVISION</b>	<b>AMOUNT DUE</b> (10% rebate if more than 1 child from same family)
CHILD # 1:		
CHILD # 2:		
CHILD # 3:		

**PAYMENT OPTIONS (payment must accompany this form)**

<b>CHEQUE</b> (MAKE CHEQUE PAYABLE TO: CONISTON MINOR HOCKEY ASSOCIATION)	<input type="checkbox"/> 1 CHEQUE FOR FULL AMOUNT <input type="checkbox"/> 3 CHEQUES DATED SEPT 1, 2016; OCT 1, 2016; NOV 1, 2016 (EACH CHEQUE IS 1/3 OF TOTAL)
<b>CASH</b>	<input type="checkbox"/> FULL AMOUNT PAID <input type="checkbox"/> 1/3 DUE BY SEPT.1, 1/3 DUE BY OCT. 1, 1/3 DUE BY NOV. 1, 2016

Notes:



## Coniston Minor Hockey Association

### CONSENT TO RELEASE PICTURES AND FOR COLLETION AND USE OF PERSONAL INFORMATION

I \_\_\_\_\_ authorize Coniston Minor Hockey and/or parties designated by the Coniston Minor Hockey Association to take photograph(s), videotapes or digital recording(s) of \_\_\_\_\_ and to use any of these in any and all media for its own needs for promotional purposes including, but not limited to, advertising; audiovisual; editorial; exhibition; media relations; posters and publications and web.

I \_\_\_\_\_ further authorize Coniston Minor Hockey Association to collect, use and disclose personal information about \_\_\_\_\_ including name and date of birth, address and city and any other information that is requested from the City of Greater Sudbury and the OLG in accordance to compliance.

I understand and agree that I will not receive any payment or any royalty for the publication or use of photograph(s), videotape, digital recording(s), use of name, and I hereby release Coniston Minor Hockey Association and/or any parties designated by Coniston Minor Hockey Association, form payment of any such claims.

I acknowledge and declare that I have read and fully understand the contents of this Consent and Release, and that all questions pertaining to this consent have been answered to my satisfaction.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date