



# PLAYER DEVELOPMENT REGISTRATION 2011/2012



**Player's Name:** \_\_\_\_\_ **M**  **F**

**DOB: (mm/dd/yyyy)** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parents/Guardians:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone # Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **2nd Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

Player Development Clinics				Registration Fee	Late Registration Fee
<b>Conditioning Clinic</b> Tri Leisure Centre, Spruce Grove	<b>Sat. Sept 10</b> Novice/Atom 6:00 - 7:15pm Peewee/Bantam 7:15 - 8:45pm	<b>Tues. Sept 13</b> Novice/Atom 6:00 - 7:15pm Peewee/Bantam 7:15 - 8:45pm	<b>Thurs. Sept 15</b> 6:00pm - 8:00pm Small Area Games All Players	\$60	
<b>Goalie Clinic</b> Wabamun Arena	October 18, November 1, 15, 29, December 6, 20 January 3, 17, 31 5:00pm - 6:00pm			Free	Free
<b>Shooting Clinic</b> Wabamun Arena	October 18, November 1, 15, 29, December 6, 20 January 3, 17, 31 5:00pm - 6:00pm			Free	Free
<b>Power Skating</b> Wabamun Arena	October 9, 23, November 6, 27, December 11 Novice/Atom 5:15-6:15 Peewee/Bantam 6:15 - 7:15			\$20	\$25
				<b>Program Fees:</b>	
				<b>Total Program Fees</b>	

**LIABILITY WAIVER AND RELEASE:** It is understood and agreed, as a condition of participation in hockey programs offered by Wabamun Minor Hockey Association, that neither the Association nor it's affiliates shall be liable for any injury, loss or damage suffered by the above-noted member while traveling to or from or while participating in hockey practices, competitions or other activities, however caused. The member, or his/her parent/legal guardian who has signed this form, shall indemnify the Association and hold them harmless from any claims, demands or actions arising from or in respect of such injury, loss or damage. The Association has my permission to publish my child's name, picture and/or results for advertising, publicity, any displays and or any written acknowledgement.  YES  NO

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only** Payment Type: Cash  Credit Card  Cheque  # \_\_\_\_\_ Receipt # \_\_\_\_\_ Initials \_\_\_\_\_