



333 Shawville Blvd S.E.
Phone: 201-8652
Fax: 201-8657

2010 Program Registration Form

Sports / Hockey

Joint MMH/SMMH and SFCRA Clinics

Session #2

Program Name	Date	Times	Course Code	Member Cost	Non-Member Cost	Check to Register
Atom Skills #3 2000/2001 Birthdays	Thursday November 18, 2010	4:30 – 5:30pm	3336	\$65.00	\$75.00	<input type="checkbox"/>
	Tuesday November 30, 2010	6:00 – 7:15pm				
	Thursday December 16, 2010	4:30 – 5:45pm				
Atom Skills #4 2000/2001 Birthdays	Thursday November 18, 2010	5:45 – 7:00pm	3337	\$65.00	\$75.00	<input type="checkbox"/>
	Tuesday November 30, 2010	4:45 – 5:45pm				
	Thursday December 16, 2010	6:00 – 7:15pm				
Novice Skills #3 2002/2003 Birthdays	Thursday November 11, 2010	4:30 – 5:30pm	3338	\$65.00	\$75.00	<input type="checkbox"/>
	Thursday November 25, 2010	5:45 – 7:00pm				
	Thursday December 9, 2010	4:30 – 5:45pm				
Novice Skills #4 2002/2003 Birthdays	Thursday November 11, 2010	5:45 – 6:45pm	3339	\$65.00	\$75.00	<input type="checkbox"/>
	Thursday November 25, 2010	4:30 – 5:30pm				
	Thursday December 9, 2010	6:00 – 7:00pm				
Pee Wee Skills #3 1998/1999 Birthdays	Tuesday November 9, 2010	4:45 – 5:45pm	3340	\$65.00	\$75.00	<input type="checkbox"/>
	Tuesday November 23, 2010	6:00 – 7:15pm				
	Tuesday December 7, 2010	4:45 – 6:00pm				
Pee Wee Skills #4 1998/1999 Birthdays	Tuesday November 9, 2010	6:00 – 7:15pm	3341	\$65.00	\$75.00	<input type="checkbox"/>
	Tuesday November 23, 2010	4:45 – 5:45pm				
	Tuesday December 7, 2010	6:15 – 7:15pm				



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NAME OF PARTICIPANT: _____

HOCKEY ASSOCIATION: _____ HOCKEY TEAM LEVEL: _____

NAME OF PARENT/GUARDIAN: _____ EMERGENCY CONTACT #: _____
(if under 18 yrs)

ADDRESS: _____ POSTAL CODE: _____

PHONE NUMBER: (H) _____ (B) _____ ALBERTA HEALTH CARE #: _____

EMAIL ADDRESS: _____ BIRTHDATE: _____

COMMUNITY MEMBERSHIP CARD #: _____ EXPIRY DATE: _____

CREDIT CARD #: _____ EXPIRY DATE: _____
(if paying by credit card)

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF: _____

Participation Waiver:

Every reasonable precaution has been taken to ensure the safety of the event and the participants. I understand that there are inherent physical risks associated with the sport of hockey. I, on behalf of myself, my child, my heirs, successors and assigns, assume all risks and hazards incidental to the conduct of the activity, also transportation to and from the activity, and any medical costs that may arise with respect to my participation. I do further hereby release, indemnify and hold blameless the South Fish Creek Recreation Association, Midnapore/Shaw Meadows Minor Hockey, the employees, sponsors, instructors and supervisors of the Association(s).

- 1) From time to time South Fish Creek Recreation Association will take photos of program participants for marketing purposes. If you **DO NOT** wish to have your photo or that of your child's published please indicate by checking the following box otherwise, South Fish Creek Recreation Association will assume consent. No, I do not give permission.
- 2) South Fish Creek Recreation Association reserves the right to cancel these programs and issue a full refund if there is insufficient registration by the registration deadline.
- 3) Registration forms will be accepted on a first come first served basis. You will be contacted if your first session choice is unavailable. Members include SFCRA Founding Members, as well as card holding members of the following communities: Evergreen/Shawnee, Midnapore, Sundance, Millrise, Shawnessy, Somerset, Bridlewood & Lake Chaparral.

SIGNATURE: _____ DATE: _____

I understand and agree to abide by the above rules. If I do not abide by the rules, I understand that I may be removed from the program without a full refund.