

SOUTH COAST SPECIAL NEEDS KIDS

HOCKEY REGISTRATION

Registration fee is \$70 (\$60 for additional children in your family) - please include your cheque payable to SCSNK with your registration form and mail it prior to October 15th to:

Diane Vrooman
46 Berkley Crescent
Simcoe, Ont. N3Y 2K5

Player's Name _____

Parent/Guardian Name _____

Player's Address _____

(street address)

(town)

(postal code)

(phone #)

e-mail address

Birth Date _____ Health Card # _____

Parental Consent to Play Hockey

I, the undersigned parent or legal guardian of _____ do hereby consent and agree that the above-mentioned player may participate with the South Coast Special Needs Kids sports group. I hereby waive and release any and all right and claim for damages and/or liability I may have against the above organizers and any associations connected with them for any and all injuries suffered by the above named player while participating with this group. It is further agreed that this consent shall remain in full force until such time as it is cancelled in writing by the undersigned.

(Signature of parent or legal guardian)

(date)