

Saskatoon Ringette Association
Registration Form
www.saskatoonringette.com

Mail to: Saskatoon Ringette Association
128 – 510 Cynthia Street
Saskatoon, SK S7L 7K7

Phone: 975-0839
Fax: 975-0856

Year: _____

Receipt: _____

PLEASE PRINT CLEARLY

Player Information

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____

Birth Date: _____ Health Card #: _____
Month Day Year

Main Email: _____

Start Year: _____ Years Played: _____ Will Play Goal: _____

If Player is Under 18:

MOTHER'S Name: _____

Address: Same as player : _____

Phone: _____ Cell: _____ Email: _____

If Player is Under 18:

FATHER'S Name: _____

Address: Same as player : _____

Phone: _____ Cell: _____ Email: _____

Optional: SaskSport Voluntary Aboriginal Self Identification

Are you of Aboriginal Descent? Y/N _____

If yes, please check on of the following: First Nations: ___ Metis: ___ Inuit: ___ Non-

NEW PLAYERS: How did you hear about Ringette: _____

SPECIAL REQUESTS: SRA will attempt to accommodate one request per new player, there are no guarantees. _____

CONSENT FOR RELEASE OF INFORMATION

The Freedom of Information Policy requires that we have permission in order to post your information and/or photos on our website, newspapers or any public domain.

We respect and protect the privacy of our Registrants. Personal information is used only for Ringette purposes. The following are examples of where information or photos may be used:

- The use of a player's name and/or photo in Ringette newsletters, on our website, arena bulletin boards or local newspapers.
- The taking of individual or team photos.
- The use of a player's name and/or photo in tournament programs, etc.
- The circulation of information promoting Ringette information and opportunities.

I hereby give consent for the Saskatoon Ringette Association to use information and/or photos for the purposes specified above.

Parent's Signature: _____
(Player, 18 years or older)

WAIVER FORM

I consent to the above named Player participating in Ringette.

I consent to medical attention administered to this Player in the event of an injury.

I relieve the Saskatoon Ringette Association and its members of any responsibility for any accidents or injury that may occur as a result of this participation.

I understand that registration fees "DO NOT" cover the entire cost of Ringette. Players and/or parents will be expected to raise additional money through fundraising and other activities to cover team costs.

Parent's Signature: _____
(Player, 18 years or older)

For Office Use Only:

Received full payment in cash: \$ _____ Received full payment by cheque: \$ _____

Received payment in cash: \$ _____ Received post-dated cheques: \$ _____

\$ _____ \$ _____ \$ _____