



# Willowdale Hockey Club

PO Box 543, 3299 Bayview Avenue, Toronto, Ontario M2K 2Y5

## HOUSE LEAGUE HOCKEY REGISTRATION 2018-2019

HCR #: 

Office use:
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**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
(MM/DD/YYYY)

Club 2017-18? \_\_\_\_\_ Division 2018-19: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Other #: \_\_\_\_\_

**E-mail Contact:** \_\_\_\_\_ **(very important)**

Emergency Name and Contact: \_\_\_\_\_

Relationship if not parent? \_\_\_\_\_

Medical Comment: \_\_\_\_\_

### Additional information:

Name of **ONE friend** to play with: \_\_\_\_\_ Who told you about us? \_\_\_\_\_

Interested in playing **Goalie**: Yes / No      Interested in playing **Select**: Yes / No

**The quality of instruction at community hockey clubs like Willowdale is directly proportional to parental involvement. Your help makes all the difference in making this an outstanding minor hockey program.**

Interested in helping **on the ice**: Yes / No      **Coach or Asst Coach or Trainer**

Interested in helping **on the bench**: Yes / No      **Asst Coach or Trainer**

Interested to help **behind the scenes**: Yes / No      **THANK YOU!**

I have read and understood the payment terms of this registration. I understand that WHC will communicate with me by email. I hereby release the hockey club and organization from all claims for damages arising from any accident or injury which is caused by, or arises from participation in the sport by the child named above. I will abide by Willowdale Hockey Club commitment to Sportsmanship and Fair Play for players, coaches and parents. I understand that any behaviour that is deemed inappropriate may lead to a release or loss of participation at the discretion of the WHC Executive or its representative. **I understand that the Respect in Sport Parent program must have been completed to finalize my registration.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Payment for:** (name) \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Cheque attached:** \$ \_\_\_\_\_ **Cash enclosed:** \$ \_\_\_\_\_ **Etransf:** \$ \_\_\_\_\_  
Payable to Willowdale Sports Club      Please be sure to get a receipt!      To carol.willowdale@gmail.com

**Credit card payment:** Cardholder Name \_\_\_\_\_

VISA/MasterCard#: \_\_\_\_\_ Expiry \_\_ / \_\_ \$ \_\_\_\_\_

### Receipt for Willowdale Hockey Registration 18-19 for:

Received: \$ \_\_\_\_\_ by cheque / cash / credit card (to be cleared) \_\_\_\_\_ **Registrar**

If you took the \$100 deposit option it is not refundable. The balance will be charged to your credit card, or you will be asked for the balance, on October 1<sup>st</sup>.

E-transfers may be made to [carol.willowdale@gmail.com](mailto:carol.willowdale@gmail.com) for your convenience.

The 2018-19 Season runs Saturday October 13<sup>th</sup> 2018 to April 6<sup>th</sup> 2019 (or Mondays Oct15-Apr1)  
Players may be registered to only one Hockey Canada Association per season.