



Willowdale Hockey Club
 PO Box 543, 3299 Bayview Avenue, Toronto, Ontario M2K 2Y5
 willowdalehockey.com

HOUSE LEAGUE HOCKEY REGISTRATION 2019-2020

HCR #: Office use:

Name: _____

Date of Birth: _____
 (MM/DD/YYYY)

Club 2018-19? _____ Division 2019-20: _____

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 __ / __ CVV _____ \$ _____

\$100 DEP
non-refundable

FULL FEE
see refund policy

Receipt for Willowdale Hockey Registration 19-20 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 1st.
 E-transfers may be made to carol.willowdale@gmail.com for your convenience.

The 2019-20 Season runs Saturday October 19th 2018 to April 4th 2020 (or Mondays Oct21-Mar30)
 Players may be registered to **only one** Hockey Canada Association per season.