



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

HOUSE LEAGUE HOCKEY REGISTRATION 2019-2020

Player 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:** _____
(MM/DD/YYYY)

Cheque attached: \$ _____ **Etransfer:** \$ _____
Payable to Willowdale Sports Club To carol.willowdale@gmail.com

E-transfers may be made to carol.willowdale@gmail.com for your convenience.

Credit card payment: Cardholder Name _____

VISA/MasterCard#: _____ Expiry __ / __ CVV ___ \$ _____

You MUST enclose your "parent & child signed" Rowan's Law Acknowledgement with this form.
See <http://willowdalehockey.com/rowans-law/>

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