

Anthony Gosbee Recreational Hockey Registration Form



Child's Name: _____ Gender: _____

Date of Birth: _____ Age: _____ Grade: _____

Medical Information (medical conditions, allergies, dietary restrictions etc.):

Please share anything that we should be aware of about your child in regards to behaviors, habits, fears, etc.):

Child's skating ability (please circle): Beginner Intermediate Advanced

Parent/Guardian's Name: _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Civic Address: _____

Alternative Contact: _____ Alternative Contact Phone: _____

Registration Fees and Information

Primary – 3 (11:00am-12:00) Fee: \$50 / session or \$100 for both sessions *each additional child receives 50% off

Session 1: 7 weeks (Oct 19 – Dec 14) Session 2: 7 weeks (Jan 4 – Feb 15) Both Sessions: 14 weeks

Grades: 4+ (10:00-11:00am) Fee: \$50 / session or \$100 for both sessions *each additional child receives 50% off

Session 1: 7 weeks (Oct 19 – Dec 14) Session 2: 7 weeks (Jan 4 – Feb 15) Both Sessions: 14 weeks

Total amount: \$ _____

Yes, I would be interested in volunteering on the ice (no previous coaching experience required)

Photo Release Waiver

The Municipal Recreation Department may take digital photos of children in our programs for use on websites, promotional materials, etc. Please indicate whether you agree or not to allow us to use your child's photo: YES _____ NO _____

Waiver and Release of Liability:

I, the parent/guardian of the above named child, who is a candidate for the specified program of the Municipality of the District of Shelburne Recreation & Parks Department, do hereby give my consent to his/her participation in all of the activities of the program(s). I do hereby release and absolve the Municipal Recreation & Parks Dept. and the organizers, sponsors, and supervisors for the program(s) from any claim for injury or losses suffered by my child during the course of the programs, no matter what the cause. I further agree that in the event of a claim by the third party against the Municipality resulting from any action by the child that I will indemnify and hold harmless the Municipality. I assume all risks and hazards to which my child may be exposed as a result of his/her participation in the program(s).

Parent/Guardian Signature _____ Date _____

Return completed form to MDS Recreation and Parks at 136 Hammond Street – Third Floor

TO REGISTER ONLINE:

- 1. Go to: www.municipalityofshelburne.ca/recreation-parks.html**
- 2. Click "Online Program Registration"**
- 3. Complete online registration process**