

The Co-operators Centre 3 on 3 Youth Hockey League

2017 PLAYER REGISTRATION FORM

www.cooperatorscentre.com



MY SON/DAUGHTER IS: *(please check 1 box)*

A FREE AGENT LOOKING FOR A TEAM TO JOIN

A PLAYER PART OF A TEAM REGISTRATION - TEAM NAME: _____ COACH NAME: _____

CONTACT INFORMATION

PLAYER FIRST NAME: _____ PLAYER LAST NAME: _____

Date of Birth: (DD/MM/YR) _____ Male Female

Address: _____ City: _____ Postal Code: _____

Parent(s) or Guardian First and Last Names: _____

Parent(s) or Guardian Email Address: _____

Home Phone: _____ Mobile: _____

Medical information (Please list any allergies or pre-existing illnesses or medical concerns including if your child carries an epi-pen or any other medications): _____

HOCKEY INFORMATION:

Select age category and division played in 2016/17 hockey season (please select one box only):

- | | | |
|---|---|---|
| <input type="checkbox"/> A – Novice (08 & 09) | <input type="checkbox"/> AA – Pee Wee (04 & 05) | <input type="checkbox"/> AA – Bantam (02 & 03) |
| <input type="checkbox"/> B – Novice (08 & 09) | <input type="checkbox"/> A – Pee wee (04 & 05) | <input type="checkbox"/> A – Bantam (02 & 03) |
| <input type="checkbox"/> C – Novice (08 & 09) | <input type="checkbox"/> B – Pee Wee (04 & 05) | <input type="checkbox"/> B – Bantam (02 & 03) |
| <input type="checkbox"/> A – Atom (06 & 07) | <input type="checkbox"/> C – Pee Wee (04 & 05) | <input type="checkbox"/> AAA/AA Midget (99, 00, 01) |
| <input type="checkbox"/> B – Atom (06 & 07) | | <input type="checkbox"/> A – Midget (99, 00, 01) |
| <input type="checkbox"/> C – Atom (06 & 07) | | <input type="checkbox"/> B – Midget (99, 00, 01) |
| | | <input type="checkbox"/> Rec - Bantam/Midget |

Is your son/daughter a goalie? YES NO

Is your son/daughter willing to spare with other teams? YES NO

FREE AGENT REGISTRATION ONLY

Is someone in your family willing to coach? YES NO

If yes, please list name, email address, and phone number: _____

Friend Requests: We will try to accommodate your requests as much as possible. Friend requests will only be guaranteed for players travelling outside Regina. Please limit your requests to 2 players. Players must be the same age category and division.

REGISTRATION DEADLINE: MARCH 12

OFFICE USE ONLY: ___ REP ___ EXCEL

Date of Registration: _____



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PAYMENT INFORMATION

Novice Individual price = \$160, Atom to Midget Individual price = \$240 (INCLUDES GST)

1. Free Agents: payment is due in full with completed registration form before registration deadline.
2. Players part of team registrations: Please check with your coach if you are to pay to him or her OR to the league directly. All teams must be paid prior to the team's first game.
3. A \$25.00 service charge will be applied to all NSF payments
4. No refunds or credits will be made for missed games

Payment Method (please check box)

Visa Mastercard Debit Cash Cheque (Payable to Evraz Place)

Please charge my credit card for the following amount: _____

Credit Card Number: _____

Expiry Date: ___ / ___

Card Security Code (3 Digit Code): ___

Credit Card Payment Authorization Signature: _____

Permission/Liability Waiver

By checking this box, I acknowledge to have read and understand the terms and conditions of this registration and am in agreement with its terms and conditions.

NAME: _____ SIGNATURE: _____ DATE: _____

Email Consent

By checking this box, I am consenting to receive emails from The Co-operators Centre Hockey League and Evraz Place with my program information and about upcoming programs or events.

Photograph Permission

By checking this box, I am giving permission to The Co-operators Centre Hockey League and Evraz Place to take photographs of my participant for promotional and website use. The names of participants will not be published.

Registration forms can also be dropped off at the Information Desk in The Co-operators Centre, emailed to nhedman@evrazplace.com, faxed to 306-781-9299, or mailed to: CO-OPERATORS CENTRE – CCHL, BOX 167, REGINA, SK S4P 2Z6

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