



Please print name here if you are willing to coach or be an assistant. A **Police Check** is required to coach in Rotary Hockey.

**2010-11 REGISTRATION FORM
FOR MAJOR BANTAM-MIDGET-JUVENILE PLAYERS ONLY
(players born in 1996 or earlier)**

Birth Date: mm/dd/yy ____ / ____ / ____

Player's Name: _____ Male/Female ____
(please print)

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Position: _____ Shoots: Left ____ Right ____

Team you were on last season: _____

Ask to play on same team as: _____ (for travel reasons only; no guarantee of placement)

Registration Fees

Initial Registration Fee (cheque dated no later than Aug. 1, 2010) \$200.00 _____

Second Fee (dated Oct. 1, 2010 - MUST accompany initial fee) \$225.00 _____

Non Residence Fee as set by City of Stratford/Sports Council \$75.00 _____
(any person not paying taxes to City of Stratford; max \$150 per family)

LATE SURCHARGE (after June 30/10) \$25.00 _____

ALL payment must be enclosed with registration **Total** \$ _____

INCOME TAX RECEIPTS WILL BE ISSUED NOVEMBER 2010

Mail your registration to: Stratford Rotary Hockey League PO Box 21056 Stratford ON N5A 7V4
or drop off at 103 Lightbourne Ave., Stratford.

Registration Questions: Email tim.cunningham@stratfordrotaryhockey.com, or call 519-273-9332

PLEASE READ BEFORE SIGNING

By registering with Rotary Hockey you subject to all rules & bylaws found at www.stratfordrotaryhockey.com

Refund Policy

100 per cent refund for withdrawal up to Oct. 15. After Oct. 15, \$25 administration fee and \$6 per available ice deducted. No refunds after Feb. 1, 2011. Out-of-town fee may not be refunded through Rotary Hockey.

Arena Zero Tolerance Policy, City of Stratford and Stratford Minor Sports Council

Physical or verbal abuse directed towards officials, coaching staff, arena staff, players or spectators before, during or after a sports function will not be tolerated. Offending person(s) may be asked to vacate the sports venue(s). A further banning may result pending review by participating sports group(s).

Please Print (Name of Parent or Guardian)

Signature (Parent or Guardian)