



PENGUIN HOCKEY CLUB JUNIORS REGISTRATION



Confidential Information
Information retained by Head Coach and Child Protection Personnel

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|---|---|--|
| Last Name: | First Name: | School Year: |
| Address: | | Birth Date: |
| City: | Postal Code: | # Years Played: |
| Phone Number: | Email: | School: |
| Sex: M <input type="checkbox"/> F <input type="checkbox"/> | Goalie: Yes <input type="checkbox"/> No <input type="checkbox"/> | Please inform the club of any medical information that is relevant. |

EMERGENCY CONTACT INFORMATION

(this information will only be used if we need to contact you swiftly, otherwise the parent/guardian information (below) will be used.)

| Name | Mobile Phone | Home Phone |
|------|--------------|------------|
| | | |
| | | |

PARENT/GUARDIAN INFORMATION

| Name | E-mail | Phone # | Resides with player? |
|-----------|--------|---------|--|
| Parent #1 | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Parent #2 | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

PLAYER/PARENT PARTICIPATION

Please consider volunteering for one of the following positions. Without volunteers Junior Hockey may not be available to all who would like to play.

Parent #1

Assistant Coach
 Development Team Player
 Junior Team Manager
 Special Events: One time volunteer
 Tournaments, Festivals , etc.

Parent #2

Assistant Coach
 Development Team Player
 Junior Team Manager
 Special Events: One time volunteer
 Tournaments, Festivals , etc.

Parent's/Guardian's Consent:

| | |
|--|--|
| There are times when illness or accident may occur and immediate medical attention is necessary. This is my permission for the official in charge, or his deputy, to make arrangements for medical attention for my child/ward in the event or an emergency without necessity of my prior approval. The club representative will make every effort to contact you at the earliest opportunity. I understand that I will be notified by the quickest means possible if this authority is exercised. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

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| I understand that the coaches and managers are not responsible for my child/ward before or after the training session. Therefore if myself or another adult of my choosing is not at the field before or after game time it is understood that this means that my child/ward has permission from me to leave the field of play on their own. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

| | |
|--|--|
| I understand and grant permission that my child's picture of participating in hockey activities may appear on the clubs website. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

Permission to Participate:

I, the undersigned hereby give permission for my child/ward to attend the 2005 Penguin Hockey Junior Training Sessions

Parent(s)/Guardian(s) Signature: _____ Date _____

(Print first and last name) _____

MEDICAL INFORMATION

Please let us know of any information that would effect your children's contribution or that we need to be aware of in the event of an accident.