



Kerrobot Minor Hockey Association
Box 471 | Kerrobot, SK | S0L 1R0

First Name _____ Last Name _____ Male Female
Address _____ Age _____ Birth Date _____
Tel _____ Email _____ mm/dd/yyyy
Cell _____ Parents Names _____

Player Health Information

Health Insurance # _____
Health Conditions _____

Emergency Contact Name & Phone Number

Name _____
Phone # _____

Parental/ Guardian Consent and Waiver of Responsibility:

Team Selection (2020-2021)

- | | | |
|---|---|--|
| <input type="checkbox"/> Family pass-\$50 | <input type="checkbox"/> Atom(U11) - \$500 | <input type="checkbox"/> Bantam (U15)-\$545 |
| <input type="checkbox"/> Initiation(U7) - \$360 | <input type="checkbox"/> Pee Wee(U13) - \$545 | <input type="checkbox"/> Midget(U18) - \$545 |
| <input type="checkbox"/> Novice(U9) - \$460 | | |

Payment Option (for ADMIN only)

- Cash
 Cheque (Payable to Kerrobot Minor Hockey)

FUNDRAISER DEPOSIT

No Fundraiser 20/21

CHEQUE # _____

My child will be trying out for another team and is not committed to Kerrobot Minor Hockey at this time:

Name: _____
Age Group: _____

I understand the Town of Kerrobot's zero tolerance Policy and Code of Conduct. I also have received and understood Kerrobot's Fair Play Code, as well as KMH Constitution and will discuss it with my child. (please sign)

*Please be advised that you need to have **Speak Out, Safety and Coaching** in order to coach and you **MUST** be registered (even to be on ice to help at practices). Respect in sport & * Planning A Safe Return To Hockey (New for 20/21 season) (coaches, helpers and managers must have).*

Late Fee of \$100 will be charged after October 1, 2020