

LTS  
BELLE

BUNNY  
OPEN

NOVICE HL

PETITE HL

TWEEN HL

JR.

TRAVEL

TRAVEL

TRAVEL



# Player Registration Form

2008-2009

Chatham Ringette  
Association  
P.O. Box 492  
Chatham, Ontario  
N7M 5K6

[www.chathamringette.com](http://www.chathamringette.com)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(MM/DD/YY)

Address: \_\_\_\_\_

ORA#: \_\_\_\_\_

Gender: M F

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: (519) \_\_\_\_\_

Email: \_\_\_\_\_

## Parent Guardian Information (if under eighteen years of age)

Mother: \_\_\_\_\_ Phone(H): \_\_\_\_\_ (cell) \_\_\_\_\_

Father: \_\_\_\_\_ Phone(H): \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency/Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information (This section **must** be completed by each participant/guardian on a yearly basis.)

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Previous Injuries and/or other conditions of which the association should be aware:

\_\_\_\_\_

## Medical Waiver/Consent Form

The Chatham Ringette Association is not responsible for any injuries sustained by \_\_\_\_\_ during the playing of ringette games or practices. I understand that the above information will be shared with my child's/ward's coach. In addition, I authorize the team staff or league officials to seek medical assistance when required and for medical care to be administered.

Initial \_\_\_\_\_

## Personal Information/Photograph Consent

I authorize The Chatham Ringette Association to disclose my child's/ward's personal information to The Ontario Ringette Association (ORA) and its member associations as is required for the purpose of providing services, programs or information to them, managing team, player, coaching, and officiating records and such other purposes as described in ORA's Privacy policy. ([www.ontario-ringette.com](http://www.ontario-ringette.com))

Initial \_\_\_\_\_

I consent to the Chatham Ringette Association to take photographs, videotape, and/or digital recordings of myself and my child/ward and to use these in any and all media, including the Chatham Ringette Association website.

Initial \_\_\_\_\_

I certify all the above information to be correct.

\_\_\_\_\_  
Signature of Player or Parent/Guardian (if under eighteen years of age)

\_\_\_\_\_  
Date

## Volunteers

Chatham Ringette relies on the volunteer efforts of parents/guardians to assist in our House League Program. Please indicate your willingness by completing the following:

Name of volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

## Registration Fee Refund Policy

Refunds will be granted under the following situations:

- If Chatham Ringette is unable to offer the program to which your child/ward has registered, a full refund will be made upon the receipt of a written request, within 30 days of the notification, verbal or written, of the program's cancellation.
- If a registrant voluntarily withdraws from a registered program:
  - A full refund will be awarded if a written request has been received prior to the first scheduled ice time.
  - A refund, less \$25, will be made upon written request received on or before October 15.
  - No refunds will be considered after October 15.
- If a registrant sustains an injury while participating in a Chatham Ringette practice or game, such that the player will not be able to participate for the remainder of the season, a partial refund **may** be granted upon written request by the participant/parent/guardian **and** with medical proof of such an injury.

***Please note that any injury sustained during a Chatham Ringette Association practice or game which requires medical attention, must be reported to your child's/ward's coach or to the "Risk Management" representative for appropriate documentation.***

Initial: \_\_\_\_\_

## Registration Payment (for association use only)

LTS      BUNNY      NOVICE      PETITE      TWEEN      JR.      BELLE  
 OPEN

<input type="checkbox"/> Learn To Skate _____ <input type="checkbox"/> Bunny _____ <input type="checkbox"/> House League Only: _____ <input type="checkbox"/> Travel: _____ <input type="checkbox"/> House League and Travel _____ <input type="checkbox"/> Open _____  <input type="checkbox"/> RING A FRIEND/ Recommended by: _____	Method of Payment:      Cash: _____  Cheque: _____  Payment notes:  Eat To Give Amount: _____	
<b>Total Payable:</b> _____		

**Please Note:** The information on this form will be used to verify residency in Chatham-Kent and will remain confidential. All personal information, including email addresses will be kept confidential and will not be distributed to any other organization, other than the ORA. Names, addresses and phone numbers will be forwarded to the Municipality of Chatham Kent via a TRF in order to secure ice time and confirm residency.