



KAWARTHA KOMETS SPECIAL NEEDS HOCKEY PROGRAM

REGISTRATION 2018/2019 – FEE - \$300.00

MAIL TO: Carol Fisher - 1153 Neptune Street, Peterborough, ON K9H 7S8
Phone/Fax (705) 750-0655 e-mail: dwfisher@nexicom.net Web Site: www.kawarthakomets.com

Player's Name: _____ E-mail address: _____

Parents'/Caregivers' Names: _____

Address: _____ Town/City _____ Postal Code _____

Date of Birth: Day _____ Month _____ Year _____ Parent/Guardian: _____

Telephone: Home: _____ Cell: _____ Work: _____

Emergency Contact: _____ Telephone: _____

Voting Member's Name: _____

IMPORTANT: Please attach a photocopy of player's BIRTH CERTIFICATE & HEALTH CARD to this REGISTRATION FORM

NOTE: For players with Down Syndrome: Test results for Atlanto-axial-dislocation: Positive ___ Negative ___

MEDICAL INFORMATION FOR ALL PLAYERS MUST BE PROVIDED EACH SEASON EVEN FOR RETURNING PLAYERS

In order to better understand the specific needs for each player, we are asking for a brief medical history and diagnosis. Please elaborate if the above-mentioned player has a medical history/any health concerns/medications/allergies that we should be aware of. Please give details below. Seizures: Yes ___ No: ___ Asthma: Yes ___ No ___

**IMPORTANT: Is a Player Support Plan required to assist coaches, trainers & on-ice volunteers? Yes ___ No ___
Did you provide one? Yes ___ No ___**

THE KAWARTHA KOMETS IS RUN SOLELY BY VOLUNTEERS. SUCCESS DEPENDS ON YOUR WILLINGNESS TO PARTICIPATE. WOULD YOU BE WILLING TO ASSIST WITH ANY OF THE FOLLOWING DUTIES IF ASKED?

Referee _____ Timekeeper _____ On-Ice Helper _____ Name of Volunteer(s): _____

I understand that in the event of an injury requiring medical treatment as deemed by a Doctor, power of consent for the deemed treatment is granted to a Kawartha Komets Coach, Asst. Coach, Trainer or Executive Member. All players in the Kawartha Komets Special Hockey organization are covered by Hockey Canada insurance. I understand that if the above-mentioned player leaves the Kawartha Komets after December 15th, 2018 that no registration fee will be refunded. Prior to December 15th, 2018 the fee will be re-calculated based on ice time and miscellaneous expenses. Team jerseys and socks are loaned to the Komets players and must be returned at season's end. All loaned equipment must be returned if player is not returning the following season. I also give my consent to have the above-mentioned medical information passed along to our coaches/trainers, bench support staff and on-ice volunteers.

Signature Required: _____ Date: _____
Player Signature (if over 18yrs. old or able) OR Parent/Guardian

Please make all cheques payable to Kawartha Komets (\$300.00)

Date Registration Received: _____ Amount: _____ Cheque ___ Cash _____

Deposit Received: Date _____ Amount _____ Cheque ___ Cash ___ Balance _____

NOTE: A deposit of \$50.00 must be paid by July 15th, 2018. The balance of the registration fee must be paid by Sept.15th, 2018 unless payment arrangements have been made with Carol Fisher or application has been submitted to a funding organization.

Other notes regarding registration: _____

Have you applied for funding? Yes ___ No ___ Name of Organization? _____

If "Yes", this season, we will require a copy of your funding application. THANK YOU!

NOTE: The Kawartha Komets will do everything possible to ensure that every interested player is afforded the opportunity to play hockey. Please contact us if registration fees are an issue due to financial constraints. We may be able to offer suggestions regarding sources of funding. **THANK YOU!** The **Kawartha Komets** is a registered charitable organization – Registration # **801414939 RR0001**.