



**KAWARTHA KOMETS SPECIAL NEEDS HOCKEY PROGRAM**

**REGISTRATION 2013/2014 – FEE - \$275.00**

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 Names: \_\_\_\_\_

(One voting member per family. Players over 18 years of age may vote)

**NOTE: 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. This will enable the coaches to be aware of any medical conditions. Please elaborate if the above-mentioned player has a medical history/any health concerns/medications that we should be aware of. Please give details in this section.

Seizures: Yes \_\_\_ No: \_\_\_ Asthma: Yes \_\_\_ No \_\_\_

Please provide suggestions regarding habits, behaviours, fears, etc. that would assist convenors, coaches and on-ice helpers.

**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. I understand that the Kawartha Komets Special Hockey organization only has liability insurance coverage as provided by Hockey Canada, noting that no medical or dental insurance is provided under this policy for players and for coaches. I understand that if the above-mentioned player quits after December 15<sup>th</sup>, 2013 that no registration fee will be refunded. Prior to December 15<sup>th</sup>, 2013 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. By signing below I also give the Kawartha Komets permission to share this player's medical information with coaches 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 (\$275.00)**

Date Registration Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Cheque \_\_\_ Cash \_\_\_

Deposit Received: Date \_\_\_\_\_ Amount \_\_\_\_\_ Cheque \_\_\_ Cash \_\_\_ Balance \_\_\_\_\_

Other notes regarding registration: \_\_\_\_\_

\_\_\_\_\_

Have you applied for funding? Yes \_\_\_ No \_\_\_ From whom? \_\_\_\_\_

**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 other sources of funding. Thank you!