



KAWARTHA KOMETS SPECIAL NEEDS HOCKEY PROGRAM

REGISTRATION 2015/2016 – 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 Name: _____

(One voting member for per family)

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 15th, 2015 that no registration fee will be refunded. Prior to December 15th, 2015 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. I also give my consent to have the above-mentioned medical information passed along to our coaches/on-ice volunteers & trainers.

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!