



## KAWARTHA KOMETS SPECIAL NEEDS HOCKEY PROGRAM

**REGISTRATION 2017/2018 – 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: \_\_\_\_\_

(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 \_\_\_\_

**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 15<sup>th</sup>, 2017 that no registration fee will be refunded. Prior to December 15<sup>th</sup>, 2017 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 1st, 2017. The balance of registration fee must be paid by Oct. 1st, 2017 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.