



RIVERVIEW RINGETTE ASSOCIATION REGISTRATION FORM 2011/2012



CONTACT AND PERSONAL INFORMATION

Last Name: _____ First Name: _____ Birth Date: _____

Street Address: _____

City/Town: _____ Home Phone: _____ Other Phone: _____

Postal Code: _____

Mother Name: _____ Cell/Work: _____

Father Name: _____ Cell/Work: _____

E-mail: _____ Guardian Name: _____ Cell/Work: _____

Other E-mail: _____ NOTES: _____

MEDICAL INFORMATION

Medicare#: _____ Emergency Contact Name: _____

Expiry Date: _____ Emergency Contact Phone: _____

Are there any allergies, physical or medical disorders that the Coaches or Association should be aware of? (circle one) Yes / No

If Yes Explain: _____

I/We _____ Parent(s)/Guardian(s) of _____ give permission for the Team Staff to give permission for X-rays to be given in case of an emergency should we as Parent(s)/Guardian(s) cannot be contacted or located.

X _____
Parent/Guardian

LIABILITY WAIVER

In consideration of the sponsorship and organization of this program or event, and the use of facilities of the Riverview Ringette Association Inc., the undersigned waives and releases the Riverview Ringette Association Inc., its employees, representatives, agents, and officials from all claims, demands, actions, damages, costs, and liability of any kind for injury, death, loss or damage to my person/property, however caused, which occurs during, in conjunction with, or as a result of my participation, or the participation of my child _____ in any program or event in my facility owned or operated by the Riverview Ringette Association Inc., even if it involves the fault or negligence of the Riverview Ringette Association Inc. or their employees, agents, officials, or representatives or of anyone participating or attending the event. This waiver is binding on myself, my heirs, executors and administrators.

I have read this waiver and I am aware that the Riverview Ringette Association Inc. assumes no responsibility or liability for any injury or loss suffered by myself, my child, or for any property damage.

In witness where of I have signed this waiver on the _____ day of _____, 2011.

X _____
Parent/Guardian

X _____
Witness

Forward completed forms and payment to:
Riverview Ringette Association
P.O. Box 7013
Riverview, NB
E1B 4T8

Cheques made payable to:
RIVERVIEW RINGETTE ASSOCIATION

E-mail to: registration@riverviewringette.com

OR

Registration Fees	
Uniform deposit :	\$75 Cheque per Player dated April 30, 2011 (Uniform Deposits will be returned when uniforms are returned to Association)
Under 9 Program :	\$125 per player
Under 10 to Under 19 Programs :	\$300 per Player
Additional Family Discount :	\$250 per additional Player (only apply to U10 to U19 Programs)
Ladies Program:	\$125 per player (non competitive no tournament play)
18+ Program:	\$200 per player (League team with tournaments)

Visit us on the Web at www.riverviewringette.com

OFFICE USE ONLY

U9
 U10
 U12
 U14
 U16
 U19
 18+