

SMHA 2022-2023 Registration Form

Player Name:
Address:
Postal Code:
Legal Land Description:
(Found on Strathcona County Tax Assessment or utility bill)

SMHA PO Box 29 Ardrossan, Alberta T8E 2A1
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Home Number	Email <small>(Needed in order to receive registration receipt)</small>		
Birthdate <small>(dd/mm/yy)</small>	Gender		
Parent/Guardian Information	Home #	Cell #	Email
Father Name;			
Mother Name;			

Did this child play minor hockey last year? (Please check appropriate box)

Yes with SMHA	
Yes with another association	Name of Association; _____ Submit parent declaration form Submit a copy of players birth certificate
No	Submit a copy of players birth certificate

The registrant is either a resident within SMHA boundaries or will be by Nov 15, 2022. Yes _____. No _____.
 SMHA boundaries are South of HWY 16, North of Twp Rd 510, West of Range Road 205 and East of the defined Urban Services Area as defined by Strathcona County.

RELEASE OF CLAIMS, SMHA PAYMENTS AND REFUND SCHEDULE

I authorize my son or daughter (the "Player") to participate in the hockey program of Strathcona Minor Hockey Association (the "Association"). As parent and/or guardian of the Player, I accept full responsibility for any injuries that may occur to the Player, and release the Association, its agents, officials, coaches, managers, directors, officers, volunteers and employees from all and any actions, causes of actions, claims and/or demands whatsoever, arising out of an accident or any cause whatsoever in connection with hockey games, hockey practices, or other activities sponsored by the Association, whereby injury, loss and/or damage was or may be sustained by the Player.

I understand that in the event that ice sessions are cancelled for any reason, including without limitation as a result of mechanical failure, there shall be no entitlement to an abatement of registration or other fees or any refund thereof except at the sole discretion of the Association.

ALL MEMBERS are required to pay their fees in full and agree to be financially responsible regarding team financial operating requirements. **I accept the refund schedule as outlined on the SMHA website at www.smhahockey.com.**

I VOLUNTARILY RELEASE THE ASSOCIATION AS SET OUT ABOVE. I AGREE TO THE PAYMENT TERMS SET OUT ABOVE AND ACCEPT THE REFUND SCHEDULE AS OUTLINED ON THE SMHA WEBSITE. FURTHER, I UNDERSTAND THAT REGISTRATIONS WITH INCOMPLETE FEES, INFORMATION AND/OR REQUESTED DOCUMENTS WILL NOT BE ACCEPTED AND WILL BE RETURNED.

Signature of Parent or Legal Guardian _____

Name (Please Print) _____

Date _____, 2022

LEVEL	BIRTH YEAR	REGISTRATION FEE Early Bird before 07/15	TOTAL FEE
Discovery Program	2018-2019	\$199	
U-7 Major & Minor	2016-2017	\$615	
U-9 Program	2014-2015	\$850	
U-11 Program	2012-2013	\$900	
U-13 Program	2010-2011	\$950	
U-15 Program	2008-2009	\$1025	
U-16 & U-18 Program	2005-2007	\$1050	
Recreation Hockey (U-13, U-15, U-18, U-21)	2001-2011	\$450	
Rep. Try Outs (Guaranteed min. two ice times) U11 Tier 1/2, U13 AA/Tier 1, U15 AA/Tier 1, U18 AA/U16 AA		\$200 (AA & T1 U13 and up, T1 & 2 U11) \$125 (U11 T2, U13-U15 T1 only)	
Conditioning Camp <i>Skills/Drills Sessions prior to evaluations;</i> U-9, U-11, U-13, U-15 and U-18		\$150	
Total Fees Owning - Payable to SMHA -			\$ _____

*** U-15, U-16 & U-18 Players *** – Will you be trying out for **AAA** in another association?

Please Circle **Yes or No**

Preferred position; (please circle <u>one</u> only)	Goaltender	Defense	Forward
U-11, U-13, U-15 and U-18 Only			

***Every Registration Form must be submitted with full or instalment payments as outlined below ***

Please print Players name on Cheque Memo line.

E-transfer payments must be sent to payments@smhahockey.com,
password **WARRIORS**. Please note your player's full name in the message.

Fees Due in Full by September 1, 2022

Register after **July 15**; Registration Fees Increase by \$100

Please mail all forms to;
Attn. Registrar
SMHA
PO Box 29
Ardrossan, AB
T8E 2A1
Or
Scan/Email to:
registrar.smha@gmail.com