SMHA PO Box 29 Ardrossan, Alberta T8E 2A1

## SMHA 2022-2023 AA Tryout/Conditioning Camp Registration Form for Non-Residents

Playe Addre	r Name: ess:				THCONA
Home Number  Birthdate (dd/mm/yy)		Emai	Email (Needed in order to receive registration receipt)  Gender		
		Gend			
	Yes with SMHA				
	Yes with another association	Na	nme of Association;		
		Na	Goaltender	Defense	Forward
or U-13,	Yes with another association  No  Red position; (please circle one only) U-15, U-16 & U-18 Players  Outs (Guaranteed min		Goaltender		Forward
or U-13,	Yes with another association  No  Ped position; (please circle one only) U-15, U-16 & U-18 Players		Goaltender	<b>Defense</b> \$125.00	Forward
AA Try ( J-11, U-1	Yes with another association  No  Red position; (please circle one only) U-15, U-16 & U-18 Players  Outs (Guaranteed min	nimum to	Goaltender wo ice times)	\$125.00 s should be considere	ed prior to tryouts. There is
AA Try ( J-11, U-1 Please be nuch largees which	Yes with another association  No  Red position; (please circle one only)  U-15, U-16 & U-18 Players  Outs (Guaranteed minus)  13, U-15, U-16 and U-18 AA Tryouts  aware that there are additional fees for succester commitment both financially and time wise.	nimum to ssful player To cover so ED.	Goaltender wo ice times) rs making AA Teams. This ome of the extra costs the	\$125.00 s should be considered association will charge	ed prior to tryouts. There is ge each rep player addition

## 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.

\$

**Total Fees Owing** 

- Payable to SMHA -

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.

## 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					

\*\*\*Every Registration Form must be submitted with full payment \*\*\*

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.

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