

# SMHA 2023-2024 Registration Form

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

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

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

<input type="checkbox"/>	Yes with SMHA	
<input type="checkbox"/>	Yes with another association	Name of Association; _____ Submit parent declaration form Submit a copy of players birth certificate
<input type="checkbox"/>	No	Submit a copy of players birth certificate

**The registrant is either a resident within SMHA boundaries or will be by Nov 15, 2023. 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](http://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** \_\_\_\_\_, 2023

LEVEL	BIRTH YEAR	REGISTRATION FEE Early Bird before 07/15	TOTAL FEE
Discovery Program	2019	\$199	
U-7 Major & Minor	2017-2018	\$675	
U-9 Program	2015-2016	\$925	
U-11 Program	2013-2014	\$1000	
U-13 Program	2011-2012	\$1050	
U-15 Program	2009-2010	\$1100	
U-16 & U-18 Program	2006-2008	\$1100	
Recreation Hockey (U-13, U-15, U-18, U-21)	2002-2011	\$450	
<b>Rep. Try Outs (Guaranteed min. two ice times)</b> <b>U11 Tier 1/2, U13 AA/Tier 1, U15 AA/Tier 1, U18 AA/U16 AA/T1</b>		\$200 (AA & T1 U13 and up, T1 & 2 U11) \$125 (U11 T2, U13-U18 T1 only)	
<b>Conditioning Camp</b> <i>Skills/Drills Sessions prior to evaluations;</i> U-9, U-11, U-13, U-15 and U-18		\$175	
<b>Total Fees Owing - Payable to SMHA -</b>			\$ _____

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

Please Circle **Yes or No**

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

\*\*\*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](mailto:payments@smhahockey.com), password **WARRIORS**. Please note your player's full name in the message.

**Fees Due in Full by September 30, 2023**

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](mailto:registrar.smha@gmail.com)