

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 _____, 2023

*****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.

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