

SMHA
PO Box 29
Ardrossan, Alberta
T8E 2A1

SMHA 2024-2025 AA Tryout/Conditioning Camp Registration Form for Non-Residents



Player Name:

Address:

Home Number	Email <small>(Needed in order to receive registration receipt)</small>
Birthdate <small>(dd/mm/yy)</small>	Gender

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;
<input type="checkbox"/>	No	

Preferred position; (please circle one only)
For U-13, U-15, U-16 & U-18 Players

Goaltender

Defense

Forward

AA Try Outs (Guaranteed minimum two ice times)		
U-11, U-13, U-15, U-16 and U-18 AA Tryouts	\$200.00	
Please be aware that there are additional fees for successful players making AA Teams. This should be considered prior to tryouts. There is a much larger commitment both financially and time wise. To cover some of the extra costs the association will charge each rep player additional fees which will be payable once the teams are FINALIZED.		

Conditioning Camp – optional (Skills/Drills Sessions prior to evaluations) See website for draft schedule.		
U-11, U-13, U-15, U-16, U-18	\$175.00	
U-13 & U-15 Hitting Camp – optional August 19-21, 2024 Millennium Place		
U-13, U-15	\$150.00	

Total Fees Owning - Payable to SMHA -	\$ _____
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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.

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 _____, 2024

*****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