



Kerrobot Minor Hockey Association

Box 471 | Kerrobot, SK | S0L 1R0

First Name _____ Last Name _____ Male Female

Address _____ Age _____ Birth Date _____
mm/dd/yyyy

Tel _____ Email _____

Cell _____ Parents Names _____

Player Health Information

Health Insurance # _____

Health Conditions _____

Emergency Contact Name & Phone Number

Name _____

Phone # _____

Team Selection (2015-2016)

New Registration - \$50

Atom - \$360

Bantam - \$360

Family Pass - \$50

Initiation - \$260

Pee Wee - \$360

Midget - \$360

Novice - \$360

Payment Option (for ADMIN only)

Cash

Cheque (Payable to Kerrobot Minor Hockey)

My child will be trying out for another team and is not committed to Kerrobot Minor Hockey at this time:

Name: _____

Age Group: _____

Parental/ Guardian Consent and Waiver of Responsibility:

I understand the Town of Kerrobot's zero tolerance Policy and Code of Conduct. I also have received and understood Kerrobot's Fair Play Code, as well as KMH Constitution and will discuss it with my child. (please sign)

Please be advised that you need to have **Speak Out, Safety** and **Coaching** in order to be on the bench and you **MUST** be registered (even to be on ice to help at practices).

Name: _____ Address: _____ Birthdate: _____

Late Fee of \$100 will be charged September 9, 2015