

2019 3 on 3 Hockey

Registration Form

OFFICE USE ONLY

PAID :
 Cash
 CC
 Debit
 Other

Amount

Date

Clerk

Child's Current Division	Tentative Days	Parent Player Ranking: Please Circle Accordingly:	Player Fee
IP Year 1 & 2 – 8 Games For players having completed one or two years of IP	Sundays (7) & Wednesday (1)	Strong 1 Avg. 2 Beg. 3 Skater or Goalie	Early Bird Fee: Skaters \$105 Goalies \$60 After March 1: Skaters \$125 Goalies \$80
IP Year 2 & 3 – 8 Games For players having completed two or three years of IP	Sundays (7) & Wednesday (1)	Strong 1 Avg. 2 Beg. 3 Skater or Goalie	Early Bird Fee: Skaters \$105 Goalies \$60 After March 1: Skaters \$125 Goalies \$80
Novice Full Ice – 10 Games For players currently playing Novice	Monday Eve. 5:00 or 5:40	Strong 1 Avg. 2 Beg. 3 Skater or Goalie	Early Bird Fee: Skaters \$140 Goalies \$80 After March 1: Skaters \$160 Goalies \$100
Atom Division – 10 Games For players currently playing Atom	Monday Eve. 6:30 or 7:10	Strong 1 Avg. 2 Beg. 3 Skater or Goalie	Early Bird Fee: Skaters \$140 Goalies \$80 After March 1: Skaters \$160 Goalies \$100
Peewee and Minor Bantam Division – 10 Games	Thursday Eve. 6:00 or 6:40	Strong 1 Avg. 2 Beg. 3 Skater or Goalie	Early Bird Fee: Skaters \$140 Goalies \$80 After March 1: Skaters \$160 Goalies \$100
Major Bantam and Midget Division – 8 Games	Mid-Week Evenings	Strong 1 Avg. 2 Beg. 3 Skater or Goalie	Early Bird Fee: Skaters \$140 Goalies \$80 After March 1: Skaters \$160 Goalies \$100

Player Information :	Player Name:	M	F
Birth Date:	Address:	City:	
Postal Code:	Home or Cell Phone:	Division Played 2018/19	
Email Address Please Print Clearly:			
2018/19 Hockey Association: _____ Level Played: AA A B C House League or Travelling Team			
Parent Volunteer Coach or Assistant Coach: Yes ___ If Yes Name Please:			
Teammate or Coach Request (Max 2):			

Gerry Brown 3 on 3 Hockey Program Details:

CMHA rules apply, full equipment including NECK GUARDS must be worn at all times.

Mouth Guards strongly recommended

Fair play, fun and friendly competition – No body checking or rubbing out on boards – Play the Puck

League games are scheduled April, May & June - dates and times will vary by division

Schedules subject to change with notice

IP Division games played on half ice (50 minutes)

Novice Full/Atom/Peewee/Bantam (10 Games – 40 minutes) Midget (8 Games of 50 minutes)

Novice Full, Atom, Peewee, Bantam & Midget teams will consist of up to 10 skaters and 1 goalie

Teams will be made as fair as possible based on the information received

Every effort will be made to meet teammate/coach requests but we cannot guarantee all matches

There must be a minimum of 25 children registered per division

Players are recommended to have completed at least one season of organized hockey

Recreation Services Refund Policy: A full refund to be granted if program is cancelled. The department reserves the right to cancel programs due to insufficient registration. A partial refund to be granted, other than for medical reasons, if notification received 48 hours prior to first game. All refunds subject to a \$5.00 administration fee and to be pro-rated. All refund requests due to medical reasons must be accompanied by a medical certificate and must be received prior to halfway through the session. Allow four weeks for processing.

Zero Tolerance Policy To: All Players, Parents, Coaching Staff and Spectators

There will be a “zero tolerance policy” of anyone responsible for physical or verbal abuse directed towards officials, coaching staffs, players, or other spectators before, during, or at any time after the game. Do not crowd the exits at the end of the game. Refrain from comments that could be considered offensive or derogatory by anyone. These remarks are totally unacceptable, and an inappropriate and should not be seen by any child, regardless of age. The players are going to play hockey. It is not your right – it is your privilege to attend these games as a spectator. There will be no warnings. If you are ejected for physical or verbal abuse, you will not be allowed to attend any hockey game for the balance of this season.

Insurance: The City of Cornwall will not be responsible for any medical, dental or hospital bills or any other expenses caused by injury to any person participating in the Cornwall Recreation Services programs. This being understood, registrant and parents hereby agree and save harmless and indemnify the City of Cornwall from claims for injuries. I have read the Gerry Brown 3 on 3 Spring Hockey Program Registration Form in its entirety and will comply with all the rules and regulations mentioned above.

Parent or Guardian’s Signature: _____ **Date:** _____

Parent or Guardian Print Name: _____

