



Box 2487, Kindersley, SK S0L 1S0
 Ph: 306-463-6697 Fax: 306-463-6880

Email: kmsports@sasktel.net
www.kmsports.ca

INITIATION



Hockey Registration Form 2017-2018

BIRTH YEAR 2013-2012-2011

Registration Fee: \$345 **\$445 Late Fee applicable June 20th 2017**

*** It is mandatory that all initiation players have a Stage 2 CanSkate Badge or equivalent skating ability ***

Please Print

Player name:		Gender:	
Mailing address:			
City:		PC:	
Email Address:			
Land Location:		RM #	
Phone:		(home)	(cell)
Date of Birth:			
Sask. Hosp. #			
Parents:			

MEDICAL INFORMATION

Does the registrant suffer from any significant medical conditions (ie., epilepsy, diabetes, orthopedic problems or dangerous allergies etc.)? _____

Head, Neck, Back & Joint Injuries (in the past 2 years)? _____

Medications taken regularly (excluding vitamins)? _____

Last Tetanus Booster (please circle) Tetanus shots are given at 4 years old and 14 years old routinely

Less than 3 years

3 - 5 years

More than 5 years

Family Doctor:

Phone:

INJURY REPORT

Date:		Attending Doctor:	
Description of Injury:			
Doctor's Report:			
Return to Play Date:			

Payment Options:

O R	Paid in Full:	Oct. 1, 2017	chq #		Amt. \$	
	Deposit:	Oct. 1, 2017	chq #		Amt. \$	
	2nd Payment:	Nov. 1, 2017	chq #		Amt. \$	
	3rd Payment:	Dec. 1, 2017	chq #		Amt. \$	

Please make checks payable to KMS, NSF fee is \$25.00

All payments must be completed by Dec 1, 2017

Additional Funding Is Available Through KIDSPORT, Check Box if applying

\$25.00 ADMINISTRATION FEE and \$40.00 SHA FEES ARE NON-REFUNDABLE

Payment:	Dated		#	Amt.	
Sweater Deposit:	1-Mar-2017	Cheque		\$150.00	
KMS Fundraiser	20-Nov-2017	Cheque		\$100.00	
Check if you sold in Ball					

Initial

PeeWee, Bantam, Midget

Registrant will be trying out for West Central Wheat Kings AA team _____ (yes or no)

Sask Sport Inc. Aboriginal Voluntary Self Declaration:

Note: The following is voluntary. The data will be used to identify success within Sask Sport Inc. program and service areas. Please check on of the following that is most applicable to you Aboriginal ancestry:

___ Status/Treaty ___ Non-Status ___ Metis ___ Inuit

Parents:

I would like to assist as:

Coach	Team Treasurer
Asst Coach	Tournament Planning
Manager	Booth Shift Liaison
Trainer	Sweater Parent
Media Liason	

Disclaimers:

I have received and understand the Town of Kindersley's "Zero Tolerance Policy," as well as Kindersley Minor Sports "Code of Conduct," "Social Media Policy", SHA Social Media & Networking Policy located on KMS Website and I will discuss these with my child. Myself and my child agree to abide & comply to the KMH hockey handbook as posted on the KMS website.

Parent/Guardian Signature

I grant my permission to Kindersley Minor Sports to Publish my child's picture or name on the KMS Website or in the Local Media (Clarion, Crossroads etc.)

Parent/Guardian Signature

Office Use - Coordinator:

Date: