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## PEE WEE Boys and Girls



Hockey Registration Form 2015-2016

BIRTH YEAR 2003 - 2004

Registration Fee:

**\$620**

**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, 2015      chq # \_\_\_\_\_      Amt. \$ \_\_\_\_\_  
             Deposit: Oct. 1, 2015      chq # \_\_\_\_\_      Amt. \$ \_\_\_\_\_  
             2nd Payment: Nov. 1, 2015      chq # \_\_\_\_\_      Amt. \$ \_\_\_\_\_  
             3rd Payment: Dec. 1, 2015      chq # \_\_\_\_\_      Amt. \$ \_\_\_\_\_

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

**All payments must be completed by Dec 1, 2015**

**\*\*Additional Funding Is Available Through KIDSPORT, Check Box if applying\*\***

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

Payment:	Dated		#			
Sweater Deposit:	1-Mar-2016	Cheque			Amt.	\$150.00
Raffle Ticket Payment	1-Nov-2015	Cheque			Amt.	\$100.00
						<b>Initial</b>

**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" 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:

