



MISSION Alumni
3 on 3 Ringette Spring League - 2019
Cost \$150

Cheques please, payable to: Mission Alumni

Cheques can be dropped off at:

10 Escada Close **or** mailed to:

Dwayne Girard, 10 Escada Close, St. Albert, Alberta T8N6X5

E-transfer can also be done –call Dwayne at 7804608398 for info.

Player Information

First Name: _____ Last Name: _____

Birthdate: Month: _____ Day: _____ Year: _____

Medical Conditions: _____

Circle the division and level you are **currently** playing at:

U10 Step ___ U12C U12B U12A U14B U14A U14AA U16B U16A

U16AA

Other _____

Years of Experience: _____

Are you a Goalie? Yes No

Parent/Guardian Information

Name: _____ Email: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: ()

Parent Volunteer Positions:

Would you be willing to help on the bench? Yes No

Requests:

Your child can request to play with **one player** within the same division. In order to honour your request, **the other player must request them as well:**

I request my child to play with: _____

Consent

I hereby certify that the information contained in the following registration is complete and correct.

1. I understand that should extenuating circumstances arise, or a full team is not able to be filled, this registration does not guarantee the player a team to play on.
2. I consent to the registered player participating in Ringette and, in the event that the player requires medical attention, team staff to obtain medical treatment.
3. I relieve the St. Albert MISSION Alumni 3 on 3 Ringette League staff, and sponsors of any responsibility for any accidents or injury which may occur as a result of this participation.

Freedom of Information and Protection of Privacy

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY NOTICE AND CONSENT

The purpose of this notice is to inform you of the use to which personal information, pictures, game information, and game statistics will be made and to obtain your consent for such use.

1. The player information is collected and maintained so as to properly coordinate and operate the St. Albert MISSION Alumni 3 on 3 Spring Ringette League. In addition this information may be provided to Ringette Alberta and the participating team's league for the purpose of registration and insurance.
2. Player's names, photos, and comments may also be used in newsletters, annual reports, web sites, radio, newspaper, and other publications related to ringette.
3. Individual and team photos may be taken and displayed in newsletters, annual reports, web sites, radio, newspaper, and other publications related to ringette and in the local ice facilities.
4. Player's names and parent's/guardian's telephone, e-mail, and other information may be used for the purpose of team/association communications and transportation services.

I hereby consent to the above.

Parent or Guardian Signature: _____

Date: _____