

**Grey/Bruce Special Hockey Foundation  
Registration Form**

Please complete all information in full where applicable. **PLEASE PRINT CLEARLY**

**Athletes Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Bus. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

DOB: Month \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_ Birth Cert #: \_\_\_\_\_ OHIP #: \_\_\_\_\_

**Parent/Guardian Information:**

Mothers/Guardians Name: \_\_\_\_\_ Fathers/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #'s: H: \_\_\_\_\_ B: \_\_\_\_\_ Emerg: \_\_\_\_\_ C: \_\_\_\_\_

**Group Home Information:**

Group Home Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**HEALTH HISTORY and Personal Information:**

The more information you can provide the better we can meet the needs of the athlete. This information will be used by the Hockey Executive and coaches of Grey/Bruce Special Foundation Hockey. If there is information of a highly sensitive nature, please feel free to send a separate letter marked "CONFIDENTIAL" to the attention of the Vice President. We encourage all families to have a proactive health care plan, including regular physical examinations. Grey/Bruce Special Hockey Foundation will not assume any financial responsibility for the health care of the athletes.

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

What disabilities does the athlete have? (Must be completed) Provide any information that may help.

\_\_\_\_\_

Is the athlete on any medications? If yes, please provide names: \_\_\_\_\_

Please list any allergies and reactions: \_\_\_\_\_

**Other health issues (please check any that are applicable)**

diabetes  asthma  epilepsy  convulsions  hypertension  emotional  behavioral   
 heart condition  fainting spells  neck or back injury  high blood pressure  kidney problems   
**Other (please specify)** \_\_\_\_\_

**Does athlete have *Down Syndrome*? Yes / No (circle one) If yes, indicate date and result of Atlanto-Axial Dislocation x-ray. Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_ Results: Positive / Negative (circle one)**

**Have you had a recent Tetanus booster? If so when?** \_\_\_\_\_

**Does the athlete have any dietary restrictions:** \_\_\_\_\_

**All players, parents and/or guardians are asked to carefully read the following information. This page must be signed prior to participating in the Grey/Bruce Special Hockey Foundation Program.**

You agree that Grey/Bruce Special Hockey Foundation is not responsible for any bodily injury, loss or damage to personnel property suffered either before, during or after the program.

You agree that in the event of a medical emergency, Grey/Bruce Special Hockey Foundation staff have permission to treat the player to the best of their ability.

You agree that if dismissed from the program, there will possibly be no refund.

You agree that the health history is complete to the best of your knowledge and the athlete is cleared to participate in the Grey/Bruce Special Hockey Foundation Program.

You agree that any hockey equipment that is lent to an athlete must be returned on demand or at the end of the season. If equipment is misplaced or damaged, you will be responsible to reimburse the program for the cost of the equipment.

You understand that all registrations are subject to a 50% non refundable administration fee at the discretion of the Executive

You agree that you (the player) will be responsible to go out into the community and find at least one sponsor for a minimum of \$50.00 before Nov 1.

You agree that all registration fees will be paid by Nov 1 at the latest.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Athletes Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Please check if you do not wish photographs of your child to be used in promotional material.