



Spinline Registration



Registration form: Sherwood Park Inline Hockey League

Participant Information

Name: _____ Male / Female
First Last (circle one)

Birth Date: _____ Health Care Number: _____ Phone: _____
day / month / year

Address: _____
street city postal code

Father: _____ Home #: _____ Other #: _____
First Last

Mother: _____ Home #: _____ Other #: _____
First Last

Email #1: _____ Email #2: _____

Are you a goalie?: Yes No Are you interested in playing goal?: Yes No
(circle one) (circle one)

Participant Medical Information

	<small>(circle one)</small>		<small>(circle one)</small>
Pervious history of concussions:	Yes No	Epileptic:	Yes No
Fainting episodes during exercise:	Yes No	Diabetic:	Yes No
Wears dental appliance:	Yes No	Allergies:	Yes No
Heart condition:	Yes No	Asthma:	Yes No

Medications used: _____

Do you have any health condition that would interfere with participation on a hockey team?: _____

Give details for any "YES" answers above: _____

I, the undersigned, certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incident there to, and by signing this certificate, I have become subject to the rules, regulations and decisions of SPINLINE, the CHA, its Board of Directors, its Branches and/or divisions which may be restrictive in some areas. I agree to abide by such rules, regulations and decisions of SPINLINE and the CHA. Further, the information requested above is required by SPINLINE to facilitate hockey programs on behalf of the registrant and SPINLINE. SPINLINE will treat this personal information with the utmost respect. SPINLINE does not sell, trade or otherwise share the information collected outside of Hockey Alberta, its Minor Hockey Leagues, or Clubs however we may from time to time use this information for the purposes of offering promotions, additional services and/or specific hockey research. I understand that SPINLINE players names, pictures and season statistics may be published on the SPINLINE website. This type of usage of your personal information by SPINLINE, is entirely at your discretion. If you have concerns or questions, please contact SPINLINE.

I agree to this usage by signing below and accept the foregoing as conditions of registration.

Parent Signature: _____ Date: _____

Player Signature: _____ Date: _____

Method of payment: Cash: _____
Signature of SPINLINE rep. Amount: _____

Cheque #: _____ make cheques payable to "SPINLINE"

Hockey Alberta Inline Use: Entered: _____ Registration #: _____

Volunteers - We Need You!

Spinline is very dependent upon parents to help make the season a successful one. We need all parents to consider helping in the following areas; without you, this league cannot run.

I would be interested in coaching Yes No

I would be interested in assistant coaching Yes No

I would be interested in helping our with the year end tournament Yes No