



Valley Warriors - Special Hockey Prgm

REGISTRATION 2021/2022 – FEE - \$100.00

MAIL TO: Jerry Novack – 273 Victoria Street. Pembroke, ON K8A 4K5

Phone: 613-732-9423 Fax: 613-735-4348 Email: thegrindpembroke@gmail.com
Website: www.valleywarriors.ca

Player's Name: _____ Email Address: _____

Parent/Caregiver Name(s): _____

Address: _____ Town/City: _____ Postal Code: _____

Date of Birth: Day ___ Month ___ Year ___ Home Phone #: _____ Cell #: _____

Emergency Contact Name & Phone # (if different from above): _____

NOTE: For players with Down Syndrome: Test results for Atlanto-axial-dislocation: Positive ___ Negative ___

****Medical information for all players must be provided each season even for returning players****

In order to better understand the specific needs for each player, we are asking for a brief medical history and diagnosis. Please elaborate if the above-mentioned player has a medical history, any health concerns/medications/allergies that we should be aware of. Seizures: Yes ___ No ___ Asthma: Yes ___ No ___
Please give details below:

IMPORTANT: Is a Player Support Plan required to assist coaches, trainers and on-ice volunteers? Yes ___ No ___
Did you provide one? Yes ___ No ___

THE VALLEY WARRIORS IS RUN SOLELY BY VOLUNTEERS. SUCCESS DEPENDS ON YOUR WILLINGNESS TO PARTICIPATE. WOULD YOU BE WILLING TO ASSIST WITH ANY OF THE FOLLOWING DUTIES IF ASKED?

Referee ___ Timekeeper ___ On-Ice Helper ___ Name of Volunteer: _____

I understand that in the event of an injury requiring medical treatment as deemed by a Doctor, power of consent for the deemed treatment is granted to a Valley Warriors Coach, Asst. Coach, Trainer or Executive Member. All players in the Valley Warriors Special Hockey Program are covered by iPlayHockey insurance. I understand that if the above-mentioned player leaves the Valley Warriors before December 31st 2021, the fee will be re-calculated based on ice time and miscellaneous expenses. Team jerseys and socks are loaned to the Warriors players and must be returned at season's end. All loaned equipment must be returned if a player is not returning the following season. I also give my consent to have the above-mentioned information passed along to our coaches/trainers, bench support staff and on-ice volunteers.

Signature Required: _____ Date: _____

Player Signature (if over 18 or able) OR Parent/Guardian

Please make all cheques payable to The Grind Pembroke (\$100)

Date Registration Received: _____ Amount: _____ Chq #: _____ Cash: _____

Deposit Received Date: _____ Amount: _____ Chq #: _____ Cash: _____ Balance: _____

Note: A deposit of \$50.00 must be paid by October 1st, 2021 and the balance of the registration fee must be paid by October 16th, 2021.

Other Notes regarding registration: _____

The Valley Warriors will do everything possible to ensure that every interested player is afforded the opportunity to play hockey. Please contact us if registration fees are an issue due to financial constraints.

The Valley Warriors is a registered charitable organization – Registration #763530896 RR001.