## **2018-19 SGHA PLAYER REGISTRATION FORM**

Player Info					
1st Name					
Last (Family) Nam	ne:				A DY
	•		Addr	ess:	
street #, unit/apt #					
Street name					
Town/City					
Postal Code					
	year	month	day		
Date of Birth					
Family/Player Prin	nary Ph	none #:			
Family/Player Primary Email Address:*					
Parent's names:					
Parent's phone #(s):					
2018-19 team:					
	_	Bantam B)	this pla	ayer has been selected for in spring 2018 tryouts	
				RUCTIONAL) the player is registering for.	
01	414 CC		3 <i>T d</i>	information autoids of atomides described	<b>4</b> :
				re your information outside of standard registra: Ontario Women's Hockey Association.	rion
proce	aures as	, idia odi i	oy me	Chiano Women's Flockey Fissociation.	
Refund policy:					
- no cheques are banked un					
- should a player withdraw after her name has been rostered to a team: a) there is a non- refundable OWHA insurance fee of \$53.00					
				, remain the sole financial responsibility of the player	
				er withdraw from their team AFTER September 1 <sup>st</sup> , 2018. rdless of when they withdraw, payable to their respective te	am
				pro-rated on a monthly basis & at the discretion of SGHA.	
By signing, I:					
<b>,</b> 6,					
				confirm notice of the refund policy above	
(signature) _X		(printe	ed name) _		
(b) – (OPTIONAL – AT	ΓFAMIL	Y'S DISCI	RETION	N) consent to my e-mail address(es) provided, to allo	W
				er pertaining to the SGHA and its activities and events	
(signature) _X		(printe	ed name)		
Dated:					