2019-20 SGHA PLAYER REGISTRATION FORM

	Player Informati	<u>on</u>	
First Name	:		
Last (Family) Name:			Mag
Date of Birth Y/M/D			
Address			
Street #, Unit/Apt #	#		
Street Name	2		
Town/City	V		
Postal Code	2		
Contact Information			
Family/Player Primary Phone #			
Family/Player Primary email:			
	Parent's Names		
	Parent's Cell#'s		
2019/20 Team Name:			
the team (i.e. Bantam B) this player has been selected for in Spring 2019 tryouts OR the team (house league, Instructional) the player is registering for			
	on the team (nouse league, n	istractional, the player is registering for	
Refund Policy: The Association and it's teams must budget their seasons and make financial commitments based on the numbers of players who			
have committed to play. Therefore, there is <u>no refund</u> of any of the following if a player withdraws at any time and for any reason after			
·) OWHA insurance of \$53.00	
) Jerseys & Socks, team apparel (jackets, pants, etc.)	
) Cash Calendars	
•) Sarnia Sting Flex Packs) Team fees paid (or payable to) directly to the playe	r's team
Save and except for the non-refundable costs noted above, if a player withdraws for any reason prior			
to September 30th, 2019 the player will be eligible to a pro-rated refund of the Association's registration fees, calculated as follows:			
Registration Fees paid x (# of ice times held to date o	of withdrawal/# of ice times SGHA allocates to team)	= R efund
There are <u>NO</u> refunds of registration fees if a player withdraws for any reason on or after September 30, 2019.			
By signing, I:			
(a) MANDATORY TO REGISTER A PLAYER confirm notice of the refund policy above			
Signature: Printed name:			
(b) (OPTIONAL- At family's discretion) consent to my email address(es) provided, to allow SGHA to communicate			
	•	SGHA and it's activities and events.	in to communicate
Signature:		Printed name:	