



DURHAM DRAGONS SPECIAL HOCKEY REGISTRATION 2010/2011 (Season #16)

MAIL TO: DDSH, 270 Davis Dr. Unit 109 Newmarket, ON L3Y 8K2
Phone/Fax 905-436-1694 email: durhamdragons@rogers.com



Name _____ E-mail address _____
PLEASE PRINT _____

Address _____ Town/City _____ Postal Code _____

Parent/Guardian _____ Telephone _____ Date of Birth _____
Day / Month / Year

Emergency contact: _____ Telephone _____

➔ ALL PLAYERS MUST HAVE UPDATED MEDICAL INFORMATION ENTERED EACH SEASON

In order to understand the specific needs for each player, we request updated information regarding medical, behavioural and special requirements. This will enable coaches to better assist and understand players.

In the space provided, please elaborate if the above mentioned player has any health concerns, medications or behavioural issues that we should be aware of?

Seizures Asthma
Yes _____ No _____ Yes _____ No _____

Provide suggestions regarding habits, behaviours, fears, etc. that would assist coaches and on-ice helpers.

➔ THIS SECTION FOR NEW PLAYERS

Please attach a photocopy of players' BIRTH CERTIFICATE & HEALTH CARD to this registration form.

For players with *Downs Syndrome*. Test results for Atlanto-axial dislocation: Positive Negative *Please attach a copy of the results.*

OUR ORGANIZATION IS RUN SOLELY BY VOLUNTEERS. SUCCESS DEPENDS ON YOUR WILLINGNESS TO PARTICIPATE. WOULD YOU BE WILLING TO ASSIST WITH ANY OF THE FOLLOWING IF ASKED:

Referee _____ Timekeeper _____ On Ice Helper _____ Name of Volunteer(s): _____

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 D.D.S.H. Coach; Asst. coach; Trainer or Executive Member. I understand that the Durham Dragons Hockey Association has liability insurance coverage only; so provided by Hockey Canada. I understand that the Durham Dragons Special Hockey and the Town of Ajax are not liable in any way for players on or off of the ice. I understand that no medical or dental insurance is provided under this policy or any policy whatsoever for players, coaches, club assistants and/or fans. I understand that if the above mentioned player quits after December 15th, 2010 that no registration fee will be refunded. Prior to the above mentioned date, the fee will be recalculated based on ice time and miscellaneous expenses.

Signature Required ➔ _____
Player Signature (if over 18yrs old & able) AND/OR Parent/Guardian _____ Date _____

Please make all cheques payable to Durham Dragons Special Hockey

Do not write in this section. Organization use only.

Registration received by: _____ Cheque #1 _____ Dated _____ / Cheque #2 \$ _____ Post Dated _____

Payment plan details must be authorized by Program Representative.

Payment Plan authorized _____ 1st pmt date _____ \$ _____ 2nd pmt date _____ \$ _____
3rd pmt date _____ \$ _____ 4th pmt date _____ \$ _____ Final pmt date _____ \$ _____