



# OWEN SOUND MINOR HOCKEY GROUP

P.O. Box 13, Owen Sound, Ont. N4K 5P1

6-JUL-2022

## 2022 REGISTRATION FORM

Player Information	
Last Name:	<input type="text"/>
First:	<input type="text"/>
Street:	<input type="text"/>
City:	<input type="text"/>
Province:	<input type="text"/> Postal Code: <input type="text"/>
Rural Fire # Address:	<input type="text"/>
Township:	<input type="text"/>
Phone #:	<input type="text"/>
Date of Birth:	<input type="text"/> <small>(YYYY-MM-DD)</small>
Email Address:	<input type="text"/>

IN CONSIDERATION OF MY SON/DAUGHTER/WARD BEING ADMITTED TO OWEN SOUND'S MINOR HOCKEY GROUP, I HEREBY RELEASE THE GROUP AND/OR IT'S AGENT FROM ALL CLAIMS FOR DAMAGES FROM ANY ACCIDENTS OR INJURY WHICH IS CAUSED BY OR ARISES FROM, PARTICIPATION OF THE APPLICANT HEREON, DURING ANY PRACTICE OR GAME, OR IN ANY FACILITY WHERE THE PROGRAM IS BEING CONDUCTED.

I consent to the publishing of photos, athletic results, activities and awards about my son/daughter by posting on the website or in any newsletters or other published material of OSMHG as it relates to his/her involvement in Owen Sound Minor Hockey.

As a member of the Ontario Minor Hockey Association, player information is shared with the "OMHA" for registration purposes. The OMHA may use or disclose the participant's name and address collected to third parties for the purpose of offering additional products and services including promotional items, that may be of interest to the participant or the participant's family.

Last Years Team	Position Played:
<input type="checkbox"/> Houseleague / LL <input type="checkbox"/> Travel	<input type="checkbox"/> Goalie <input type="checkbox"/> Forward <input type="checkbox"/> Defence

Special Requests:
<input type="text"/>
<input type="text"/>

Players from outside the City of Owen Sound will have to purchase a Non-Resident card from the City of Owen Sound.

What is your Non-Resident Number?

### REFUND POLICY

Please refer to the refund policy on the OSMHG web site.

**NO REFUNDS AFTER NOVEMBER 30TH**

**"ONLY WRITTEN REQUESTS FOR REFUNDS WILL BE CONSIDERED!"**

ANY OSMHG EQUIPMENT, ASSIGNED TO PLAYER, MUST BE RETURNED BEFORE A REFUND WILL BE ISSUED.

Parent/Guardian Names & Information
# 1: <input type="text"/>
# 2: <input type="text"/> <small>(please print)</small>
Signature: <input type="text"/>
Date: <input type="text"/>
<b>This Form Must be signed by the Parent or Guardian!!</b>
<b>I am interested in being considered for appointment as:</b>
<input type="checkbox"/> COACH <input type="checkbox"/> TRAINER
<input type="text"/> Name

Payment Receipt
Email to: <input type="checkbox"/> email address listed in player information
or: <input type="text"/>

AMOUNT PAID
<input type="text"/>

Please refer to our website for the appropriate fee

The Information collected on this registration form will be shared with the City of Owen Sound and other nearby municipalities for the purpose of establishing cost sharing agreements between the city and those municipalities for recreational services.