

SOUTHDALE RINGETTE PLAYER REGISTRATION SRA# _____

Player Information

NAME: _____
LAST FIRST

ADDRESS: _____ **POSTAL CODE** _____
 ** MUST BE WITHIN SOUTHDALE CATCHMENT OR PLAYER TRANSFER WILL BE REQUIRED **

GENDER: M / F **DOB** ____ dd / ____ mm / _____
AGE GROUP PLAYED LAST YEAR: _____ **LAST YEAR'S TEAM:** _____
WHAT SCHOOL DO YOU ATTEND? _____

CHECK AGE GROUP BASED ON CHART BELOW FOR THIS YEAR:
 U-9 (Bunnies) _____ U-10 (Novice) _____ U-12 (Petite) _____ U-14 (Tween) _____
 U-16 (Junior) _____ U-19 (Belle) _____ 18+ (Open) _____

LEVEL OF INTEREST FOR PETITE & OLDER : Will you be trying out for A? **YES / NO**
 (PLEASE CIRCLE)

GOALTENDERS: Goaltenders are important to the viability and success of Ringette
Are you interested in goaltending? YES / NO -- FULL-TIME / PART-TIME
 (PLEASE CIRCLE)

Years Experience as goalie: _____ **Did you play last season? YES / NO**
What team? _____ Level? _____

Contact Information:

	Surname	First Name	Home Phone	Cell Phone
Work Phone				
Mother/Guardian				
			Email:	
Father/Guardian				
			Email:	
Emergency Contact				
			Email:	

VOLUNTEER INFORMATION:

COACH [] **ASSISTANT COACH** [] **MANAGER** []
DO YOU HAVE ANY COACH / MANAGER CERTIFICATIONS? _____
TEAM TREASURER [] **SOUTHDALE RINGETTE BOARD (VARIOUS POSITIONS)** []

Consent:

I hereby consent that my above-named child may participate in the program conducted by the community center in conjunction with the Manitoba Ringette Association and the Winnipeg Ringette League. I also consent that I assume responsibility for any accident that may happen to my child while participating in the program and that I release the Southdale Recreation Association, the Manitoba Ringette Association, the Winnipeg Ringette League, coaches and sponsors of any responsibility for any accidents or injury which may occur as a result of this participation.

I also understand that this personal information will be used only for the purpose of registering in the community centers, sport/recreational programs, and that such use may require the sharing of this information with the appropriate sports associations, sport umbrella groups, coaches, and/or managers, in order to conduct the program.

__ by checking this box and/or signing below, I am consenting to the collection, use and disclosure of this personal information and information appearing on the Southdale Recreational Center activity card for Southdale Recreational Center's use.

DATE: _____ **PARENT/GUARDIAN NAME:** _____

SIGNATURE: _____