



Deadline to Register: Friday July 7, 2017 (Eston Minor Hockey, Eston Skating Club)

Thursday November 30, 2017 (Curling)

Deadline for Payment (all sports): Friday December 29, 2017

2017/18 Eston Winter Sports Registration

Please complete **one** registration form **per** participant.

A \$50 late fee will apply if payment is submitted after December 29, 2017.

KidSport funding is available for those who qualify.

Registration is not complete until this form, payment and ePact medical information have been received.

Participant Information:

First Name: _____

Last Name: _____

Gender: Male Female
(Please circle)

Date of Birth: _____
(month/day/year)

Division	Fees	(X)	Program	Fees	(X)
Pre-Initiation (2013) *Must register in the Eston Skating Club to be eligible for Pre-Initiation*	TBD		Rambler Hockey School (October 20-22) Includes Jersey	\$110	
Initiation (2011 & 2012)	\$410		Eston Skating Club (Learn to Skate, Figure Skating)	\$170	
Novice (2009 & 2010)	\$410		Jr. Curling (K to 6)	\$50	
Atom (2007 & 2008)	\$410		Student Curling	\$85	
Peewee (2005 & 2006)	\$410		Adult Curling	\$260	
Bantam (2003 & 2004)	\$410		Family Curling	\$505	
Midget (2000, 2001 & 2002)	\$410		Family Pass ** (Minor Hockey, Curling & Skating) (up to 2 legal guardians & children under the age of 18)	\$970	
Total:				\$ _____	

Parent/Guardian Information:

First Name: _____ Last Name: _____
Relationship to Child: _____
Mailing Address: _____
Town: _____ Postal Code: _____
Telephone: _____ Email: _____

Coaching (coach applications are available at the town office or eston.ca/minorhockey):

I am interested in:

Head Coach: _____ Assistant Coach: _____ Manager: _____

I am interested in attending the following clinic:

Coach 1 – Intro: _____ **Coach 2 – Level:** _____ **Checking:** _____ **Goaltender:** _____

Medical Information:

After returning the registration form, you will receive an email containing a link to the e-Pact online medical form. **If you have completed the medical information previously, you will still be asked to ensure that all information is up to date. Athletes will not be allowed on the ice until the medical information is completed.**

Consent:

I understand and agree that this information is being collected for the purpose of Eston Winter Programming registration and may be used to update the athlete of upcoming sports he/she may be interested in.

It is a condition of participation that the athlete does so at his/her own risk. The Eston & District Recreation Board is not liable in any way for loss, damage or injury resulting from participation in this program.

I understand that it is the responsibility of the parent/guardian to keep the Recreation Director and team staff informed of any change in the above information as well as medical information as soon as possible. In the event of an injury, if no one can be contacted, staff may take my child to a hospital or doctor if deemed necessary. I authorize doctors and nursing staff to examine, investigate and treat my child as necessary.

I authorize release of information to the appropriate parties and photos of my child to be taken and used for promotional purposes.

Signature: _____ **Date:** _____

OFFICE USE ONLY	
Total: _____	Amount: _____
Staff Initials: _____	Date Payment Received: _____
Receipt #: _____	