

**2022-2023 Eston Hockey & Skating Registration**

**Deadline to Register:** Friday July 15, 2022

**A $50 late fee per registration will apply if registration received after July 15, 2022.**

**Deadline for Payment:** Friday, October 7, 2022

**Payments made after deadline will have a 2% monthly additional charge added.**

KidSport funding is available for those who qualify and must be submitted **with** **registration by the deadline** to qualify.  
Registration is not complete until the form and medical information have been received. Please note all previous outstanding fees must be paid prior to completed registration.

**Participant Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male Female Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Please circle) (day/month/year)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Division/Program** | **Fees** | **(X)** | **Division/Program** | **Fees** | **(X)** |
| **Pre-Initiation/**  **Learn to Play** (2017) | **$200** |  | **U15** (2007 & 2008) | **$525** |  |
| **U7** (2015 & 2016) | **$475** |  | **U18** (2004, 2005 & 2006) | **$525** |  |
| **U9** (2013 & 2014) | **$475** |  | **Eston Skating Club**  (CanSkate & STARSkate) | **$200** |  |
| **U11** (2011 & 2012) | **$525** |  | **Family Pass** | **$1,200** |  |
| **U13**  (2010 & 2009) | **$525** |  | **Total:** | **$\_\_\_\_\_\_\_\_\_** |  |
|  | | | | | |

**Disclaimer:**

Please be advised that the Eston & District Recreation Board tries their best to keep the registration as low as possible with the operational demands of our facility. In order to complete this we also require all winter sport participants to team booth shifts that will be distributed to each team manager for your required week/weeks. We thank you for your cooperation in this.

**Parent/Guardian Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\*must be filled out for invoice purposes*

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**