

Fort McKay Hockey Society's Academy Program.
Registration Form
2020/2021

Players Name: First _____ Last _____

Address: _____

Postal Code: _____ Phone: _____

Birthdate: _____ Email: _____

Parents Names: Mother _____ Father _____

Level and Division Played: _____ Pos. _____

Emergency Contact _____ Phone # _____

Doctor's Name and Phone #: _____

Alberta Health Care #: _____

Allergies or Medical Concerns: _____

Player Track Suit Sizes (please circle)

Youth XS Youth Small Youth Medium Youth Large Youth XL

Adult Small Adult Medium Adult Large Adult XL Adult XXL

Parent/Guardian Declaration

I give my approval for my child's participation in all Fort McKay Hockey Society programs (Learn to Skate, Power skating and Hockey Academy Program), and assume all risks and hazards incidental to such participation and do waive, release, absolve, indemnify and agree to hold harmless, other than for willful default or neglect on their part, Fort McKay Hockey Society and Fort McKay First Nation or its employees and volunteers.

In signing the application, I acknowledge that the applicant is in good physical and mental health. I acknowledge that I have read and understand the conditions of this application and agree to abide by the terms.

Parent/Guardian Signature _____ Date _____

Submit Forms to:

Simon Adams
Fort McKay Hockey Society
sadams@fortmckay.com

