



# Ringette PEI 2020-2021 Registration Form

**Club/Location:**

- Charlottetown
- Montague
- Rustico
- Souris
- Summerside

Please check box	Division	Please check box	Division
<input type="checkbox"/>	U6/Learn to Play (born in 2015 or later)	<input type="checkbox"/>	U14 (born in 2007 or 2008)
<input type="checkbox"/>	U8 (born in 2013 or later)	<input type="checkbox"/>	U16 (born in 2005 or 2006)
<input type="checkbox"/>	U10 (born in 2011 or 2012)	<input type="checkbox"/>	U19 (born in 2002 or 2003 or 2004)
<input type="checkbox"/>	U12 (born in 2009 or 2010)	<input type="checkbox"/>	18+ (born in 2002 or earlier)

Player Information	
Last Name: _____	First Name: _____
Birthdate (YY/MM/DD): _____	Health Card # (optional): _____
Male/Female: _____	Expiry Date: _____

Parent/Guardian (Player's Primary Residence) (if player is under 18)	
Contact 1: _____	Relation to Player: _____
Contact 2: _____	Relation to Player: _____
Address: _____	
City: _____	Postal Code: _____
Home Phone: _____	Cell Phone: _____
E-mail address: _____	Other phone number: _____
	(please specify): _____

Parent/Guardian (Secondary Residence) (if applicable)	
Contact 1: _____	Relation to Player: _____
Contact 2: _____	Relation to Player: _____
Address: _____	
City: _____	Postal Code: _____
Home Phone: _____	Cell Phone: _____
E-mail address: _____	Other phone number: _____
	(please specify): _____

**Registration not complete until page 2 is signed.**

**Over please...**

Emergency Contact (other than legal parent/guardian)

Contact 1: _____	Relation to Player: _____
Phone #: _____	Cell/Other #: _____
Contact 2: _____	Relation to Player: _____
Phone #: _____	Cell/Other: _____

**RELEASE OF CONFIDENTIAL INFORMATION:**

I UNDERSTAND THAT PERSONAL INFORMATION OF THE PLAYER ON THIS FORM WILL BE RELEASED TO THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS AS REQUIRED: RINGETTE PEI INC., THE LOCAL RINGETTE ASSOCIATION (SOURIS, MONTAGUE, CHARLOTTETOWN, RUSTICO, OR SUMMERSIDE), RINGETTE CANADA, FOR REGISTRATION FOR ANY RINGETTE TOURNAMENT, FOR THE USE OF THE COACHES, MANAGERS, AND TRAINERS OF THE PLAYERS TEAM, TO KIDSPORT, AND TO ANY HOSPITAL OR OTHER HEALTH CARE PROFESSIONALS IN CASE OF EMERGENCY.

THE PARENT/GUARDIAN MAY REFUSE TO GIVE CONSENT TO RELEASE OF CONFIDENTIAL INFORMATION; HOWEVER, SUCH REFUSAL MAY AFFECT THE ELIGIBILITY OF THE PLAYER TO PLAY RINGETTE.

THE PARENT/GUARDIAN CONSENTS TO USE OF CONFIDENTIAL INFORMATION FOR THE ABOVE PURPOSES AND TO RELEASE OF PLAYER PHOTOS FOR USE IN THE NEWSPAPER AND ON RINGETTE PEI INTERNET SITES.

I CONSENT TO MY E MAIL ADDRESS BEING USED FOR GENERAL INFORMATION MAIL OUTS BY RINGETTE PEI INC. AND MY LOCAL RINGETTE ASSOCIATION.

**RELEASE OF LIABILITY AND WAIVER OF CLAIMS:**

I AM AWARE THAT THE PLAYING OF RINGETTE INVOLVES MANY RISKS, DANGERS, AND HAZARDS, AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS, AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY OR LOSS RESULTING THEREFROM AND IN CONSIDERATION OF RINGETTE PEI INC. AND THE LOCAL RINGETTE ASSOCIATION (SOURIS, MONTAGUE, CHARLOTTETOWN, RUSTICO, AND SUMMERSIDE) (THE "ASSOCIATIONS") ACCEPTING THIS REGISTRATION FOR MEMBERSHIP IN THE ASSOCIATIONS UPON PAYMENT OF THE REGISTRATION FEE, THE UNDERSIGNED HEREBY AGREES TO RELEASE, WAIVE, AND FOREVER DISCHARGE THE ASSOCIATIONS, THEIR RESPECTIVE OFFICERS, DIRECTORS, MEMBERS, AGENTS, OFFICIALS, SERVANTS, AND REPRESENTATIVES, (THE "RELEASEES") FROM AND AGAINST ALL CLAIMS, ACTIONS, CAUSES OF ACTIONS, DAMAGES, COSTS, EXPENSES, AND DEMANDS, HOWEVER CAUSED ARISING OUT OF, RELATING TO OR IN ANY WAY CONNECTED WITH ANY ACTIVITY OF THE ASSOCIATIONS, INCLUDING BUT NOT LIMITED TO, THE PLAYING OF RINGETTE, WHETHER ON OR OFF THE ICE, OR WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEEES, AND IT IS HEREBY UNDERSTOOD AND AGREED THAT THIS RELEASE AND DISCHARGE IS BINDING ON THE UNDERSIGNED, THE APPLICANT PLAYER, PARENTS, OR GUARDIANS, HEIRS, EXECUTORS AND ASSIGNS.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

**OTHER:**

I, THE UNDERSIGNED, CONFIRM THAT ALL INFORMATION ON THIS FORM IS CORRECT, AND CONFIRM THAT IN REGISTERING WITH RINGETTE PEI INC. I AM ALSO AGREEING TO ABIDE BY THE POLICY MANUAL AND BYLAWS OF RINGETTE PEI INC.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**OFFICE USE ONLY:** \_\_\_\_\_

REGISTRATION FEES PAID, DATE, AND AMOUNT