Markham-Stouffville STARS

Stouffville-Markham Girls Hockey Association

Mail to Dianne White, 244 Hemlock Drive, Stouffville, Ontario. L4A-5A5
Phone (905) 640-1706 Email: dianne-white@sympatico.ca
Website : www.smgha.com

PLAYER REGISTRATION

PLEASE PRINT CLEARLY:

Last Name ______________________________ **Player's First Name** ______________________________

Address____

City____________________ **Postal Code**______________ **Telephone** ________-________-__________

Date of Birth ___________ -__________-______________ **Cell** ________-________-__________
Month Day Year

Parents first Names______________________________/______________________________

Contact email: (only 1) ____

Would you be willing to sponsor or know of a company that may be interested? YES / NO

Would you be willing to volunteer? **Coach**________**Assistant coach**__________**Trainer**__________

Room mother________**Convenor**________**Timekeeper**________

Age Category: **Novice**______**Atom**______**Peewee**______**Bantam**______**Midget**______**Intermediate**______

Where Last Year? ______________________ If new to our association, a copy of birth certificate is required.
If you have played girls hockey before with another Association, a release is required**.**

House League Players : Only one reciprocated request will be allowed______________________________

PLEASE MAKE CHEQUES PAYABLE TO "S.M.G.H.A." Fee - $375.00

*****Early Bird Special - $325, if registration received before June 1*****

Payment Plan is available, just attach all postdated cheques to registration application.

NSF cheques will be subject to a $25 service charge.

A cancellation charge of $25 will be deducted from any refunds. No refunds will be provided after December 1.

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The information collected on this Player Registration form will be used for the sole purpose of providing hockey programming by the *Stouffville-Markham Girls Hockey Association (SMGHA)*. Permission is hereby granted to SMGHA for the Player information to be forwarded, as required, to the OWHA, respective league (if on a rep level team), and the SMGHA team that the player will be rostered with. As well, the team may be required from time to time to submit roster information to sanctioned tournaments for the purpose of competing in said tournaments. Permission is also being granted to the SMGHA and the respective team, for the player information to be used, if necessary, in newspaper articles promoting the team or the league, and in tournament programs that the team competes in.

Signature (Parent / Guardian) ____
I agree to pay any additional fees as a result of Select or Rep team participation.

Date____________________ **Received by S.M.G.H.A. Member**______________________________