



# DURHAM DRAGONS SPECIAL HOCKEY

## REGISTRATION 2008/2009 (Season #14)

MAIL TO: DDSH, 270 Davis Dr. Unit 109 Newmarket, ON L3Y 8K2

Phone/Fax 905-436-1694 email: [durhamdragons@rogers.com](mailto:durhamdragons@rogers.com)



Name \_\_\_\_\_ E-mail address \_\_\_\_\_  
PLEASE PRINT

Address \_\_\_\_\_ Town/City \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Day / Month / Year

Emergency contact: \_\_\_\_\_ Telephone \_\_\_\_\_

### ➔ FIRST YEAR PLAYERS

Please attach a photocopy of players' BIRTH CERTIFICATE & HEALTH CARD to this registration form.

✓ For players with *Downs Syndrome*. Test results for Atlanto-axial dislocation: Positive  Negative  *Please attach a copy of the results.*

### ➔ ALL PLAYERS

## Medical Information MUST BE FILLED IN EACH SEASON

In order to better understand the specific needs for each player, we are asking for a brief medical history. This will enable the coaches to be aware of any medical conditions.

Please elaborate if the above mentioned player has a medical history/any health concerns/medications that we should be aware of? *(Please give details in this space)*

Seizures Asthma  
Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Provide suggestions regarding habits, behaviours, fears, etc. that would assist coaches and on-ice helpers.

**OUR ORGANIZATION IS RUN SOLELY BY VOLUNTEERS. SUCCESS DEPENDS ON YOUR WILLINGNESS TO PARTICIPATE. WOULD YOU BE WILLING TO ASSIST WITH ANY OF THE FOLLOWING IF ASKED:**

Referee \_\_\_\_\_ Timekeeper \_\_\_\_\_ On Ice Helper \_\_\_\_\_ Name of Volunteer(s): \_\_\_\_\_

*I understand that in the event of an injury requiring medical treatment as deemed by a Doctor, power of consent for the deemed treatment is granted to a D.D.S.H. Coach; Asst. coach; Trainer or Executive Member. I understand that the Durham Dragons Hockey Association only has liability insurance coverage so provided by Hockey Canada; noting that no medical or dental insurance is provided under this policy or any policy for players and/or coaches. I understand that if the above mentioned player quits after December 15th, 2008 that no registration fee will be refunded. Prior to the above mentioned date, the fee will be recalculated based on ice time and miscellaneous expenses.*

Signature Required ➔ \_\_\_\_\_ Date \_\_\_\_\_  
Player Signature (if over 18yrs old & able) OR Parent/Guardian

**Please make all cheques payable to Durham Dragons Special Hockey**

*Do not write in this section. Organization use only.*

Registration received by: \_\_\_\_\_ Cheque #1 \_\_\_\_\_ Dated \_\_\_\_\_ / Cheque #2 \$ \_\_\_\_\_ Dated \_\_\_\_\_

*Payment plan details must be authorized by Cindy King.*

Payment Plan authorized \_\_\_\_\_ 1st pmt date \_\_\_\_\_ \$ \_\_\_\_\_ 2nd pmt date \_\_\_\_\_ \$ \_\_\_\_\_  
23/3/2008 3rd pmt date \_\_\_\_\_ \$ \_\_\_\_\_ 4th pmt date \_\_\_\_\_ \$ \_\_\_\_\_ Final pmt date \_\_\_\_\_ \$ \_\_\_\_\_