



## Strathmore Minor Ringette Association 2009-2010 Registration Package

Thank you for your interest and participation in the Strathmore Minor Ringette Association. We welcome your child and you to become active and involved, where you will discover what a great team sport Ringette is.

### Division Name Changes

The following outlines the division name changes for the 2009/2010 season.

Old Division	New Division	Age as of Dec. 31, 2009	Year Born
Pre-Bunny	U6	3, 4, 5	2004, 2005, 2006
Bunny	U9	5, 6, 7, 8	2001, 2002, 2003, 2004
Novice	U10	8, 9	2000, 2001
Petites	U12	10, 11	1998, 1999
Tweens	U14	12, 13	1996, 1997
Juniors	U16	14, 15	1994, 1995
Belles	U19	16, 17, 18	1991, 1992, 1993

note: 5 year olds with experience may be placed in the U9 division upon request depending upon experience and ability  
8 year olds with experience may be placed in the U10 division upon request depending upon experience and ability  
Registration fees will be based on the division the player is placed in.

### Registration Fees

Early Registration: Registrations received or post-marked by midnight, August 14, 2009 will be entered into a draw for a free registration.

2009-2010 Fees:

\$100 Pre-Bunny (U6)

\$200 Bunny (U9)

\$300 Novice (U10), Petite (U12), Tween (U14), Junior (U16), and Belle (U19)

### Payment Options

Payment in full at time of registration in form of cash or cheque made out to SMRA  
OR

Up to 4 post-dated cheques post-dated prior to Dec. 31, 2009 may be made out to SMRA

Registrations will NOT be accepted without full payment or complete post-dated cheques

### Registration Forms

Attached are the following forms to be completed, signed, and returned with the registration fee

Signatures are required in the **Yellow Boxes**

1. Family Contact Information, Volunteer, and Parent Code of Conduct Form (Complete 1 per family)
2. Player Information, Player Code of Conduct, and FOIP Form (Complete 1 per player)
3. Player emergency medical form (Complete 1 per player)

Return the completed forms along with payments to:

Strathmore Minor Ringette Association  
Box 2112  
Strathmore, Alberta  
T1P 1K1

### Non-Residents

For those who do not reside in the Town of Strathmore you are required to pay an annual Arena membership fee. Please complete the Strathmore Arena membership form found on [www.strathmoreringette.com](http://www.strathmoreringette.com) and drop the completed form with the membership fee in the Town of Strathmore drop box at the arena.

For more information contact any of the executives listed on the Strathmore Minor Ringette Association's website at [www.strathmoreringette.com](http://www.strathmoreringette.com)

**KEEP THIS PAGE FOR YOUR REFERENCE**





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## Player Information, Player Code of Conduct, and FOIP: Complete 1 per Player

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name	Gender	Player's Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	Age as of Dec. 31, 2009: 3, 4, 5: (U6) (born in 2004, 2005, 2006) 5, 6, 7, 8: (U9) (born in 2001,2002, 2003,2004) 8, 9 : (U10) (born in 2000, 2001) 10, 11: (U12) (born in 1998, 1999) 12, 13: (U14) (born in 1996, 1997) 14, 15: (U16) (born in 1994, 1995) 16, 17, 18: (U19) (born in 1991, 1992, 1993)	
<input type="text"/>	<input type="text"/>	Division based on age as of Dec 31, 2009		
Do you wish to have your child play at a lower division rather than the division based on their age?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered Yes to the above, please explain:				
<input type="text"/>				
Years Of Ringette Experience up to the end of the 2008-2009 Season: <input type="text"/>				
Player wishes to play in Goal? <input type="text"/>				
If required due to registration numbers, would you allow your child to be registered to a higher division team? <input type="text"/>				
The player's primary responsibility is to their registered team. Registration numbers at the higher division may require the use of affiliates. Affiliates are registered to a second team at the higher division. Affiliates players may be called upon for practices and games with the higher division from time to time. If required, would you allow your child to be registered as an affiliates for a higher division team ? <input type="text"/>				

### Player Code of Conduct

I have received a copy of the SMRA Player's Code of Conduct. I have read it thoroughly. I agree to abide by the SMRA Player's Code of Conduct.

Player's Signature                      Date

Strathmore Minor Ringette Association reserves the right to deal with any player, parent, coach and/or Board member not adhering to the SMRA Code of Conducts and administer appropriate problem resolution as determined by the SMRA appointed Grievance Committee who have the final authority on the disposition of all grievances and appeals.

Compliance: By your signature, you acknowledge that you have read and agree to abide by this code. This acknowledgement on your behalf shall constitute your agreement to conduct yourself in accordance with the letter and the spirit of this code.

### FOIP: Freedom of Information and Protection of Privacy

The Alberta Freedom of Information and Protection of Privacy (FOIP) Act is now in effect and requires that consent be obtained for the collection and use of personal information. Please use this form to obtain permission:

I hereby consent for the following with respect of my child:

Player's Name

- I agree that permission has been given to publish photos of my child in any SMRA publication (SMRA Newsletter, promotional materials or posters, or SMRA Web Site).
- I agree that permission has been given for individual or team ringette photos to be used for educational or promotional purposes.
- I agree that my child can be interviewed by; and/or photographed by; and/or videotaped by person(s) authorized by Strathmore Minor Ringette Association. The purpose of the interview, photograph and/or videotape and the use that will be made of it will be for the promotion of ringette related events during the 2009/2010 season.
- I agree that permission has been given to use my child's artwork (banner), written material or other creative work/material for educational or promotional purposes.

I (parent or guardian) hereby consent to the collection and use of ALL information of the items listed in the Permission Form above.

Player's Name                                      Signature of Parent and/or Guardian      Date



# Strathmore Minor Ringette Association 2009-2010 Registration Package

## Emergency Medical Form: Complete 1 per Player

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name	Birth Date	Alberta Health Care	Home Phone Number

Note: due to information privacy concerns we are no longer storing Alberta Health Care numbers on our registration system. Please ensure you fill in your child's Alberta Health Care Number on this form.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Name	Father Cell Phone	Father Work Phone	Mother's Name	Mother Cell Phone	Mother Work Phone

Address

Additional Medical Coverage other than AHC:

**Alternate Contact**

Note: In case of an emergency, please provide an alternate contact who resides within the Strathmore area.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relation to Child	Phone Number

Address

**Family Doctor**

<input type="text"/>	<input type="text"/>
Name	Phone Number

**Relevant Medical History**

Medical Concerns Allergies and Medications

Date of last Tetanus Shot

Previous Injuries

Major Operations

Contact Lenses    Glasses

Does the player have any learning disabilities? If so, what is the disability?

Describe any other medical problems that the coaching staff of the team should be aware of eg epilepsy, diabetes mononucleosis, etc.

IF YOUR CHILD HAS ASTHMA, PUFFERS MUST BE ON THE BENCH AT ALL TIMES.  
IF YOUR CHILD HAS SEVERE ALLERGIES THAT MAY REQUIRE AN EPI-PEN THE COACHING STAFF MUST BE MADE AWARE OF

I, the undersigned parent/guardian hereby give my permission for the coach, assistant coach, manager, or trainer to authorize such emergency medical treatment as may be required. Medication must be provided to the coach where required.

       
Signature of Parent and/or Guardian      Date