**GEORGE BRAY SPORTS ASSOCIATION INC.**

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| --- |
| Division Assigned |
| * New |
| * Fundamentals |
| * Junior |
| * Intermediate |
| * Senior   Last Year’s Team:  \_\_\_\_\_\_­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_  Team Assignment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2018/2019 PLAYER REGISTRATION**

**Please Note: To qualify to play in the GBSA Hockey League players:**

* **Of school age must be on an IEP or equivalent as approved by the GBSA Board.**
* **Cannot play for any other hockey league, except a school team and Scouts.**

**Players Information:** *(Please Print Clearly)*

Player's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player's Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player's Phone Numbers: home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Email Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

what is your preferred method of communication? (Please check One)

email\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_ TEXT\_\_\_\_\_\_\_\_\_\_\_\_\_

Player's Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/day/year)

School Attending (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class/Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IEP Received: **Yes No** (*to be completed by registrar)*

Please print parents or guardian's first and last names:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hockey Information:**

Have you played hockey with the George Bray league before? **Yes**  **No**

**If Yes: Please circle which division last year: Junior Intermediate Senior**

**If No,**

**How did you find out about us? (***Please check or fill in***):**

□**Facebook** □ **Internet** □ **Friend** □**Teacher/School**

□ **Other:** *Please explain*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hockey Experience: **Yes** **No**  Skating Experience: **Yes**  **No**

**Hockey School:**  Are you interested in Hockey School? **Yes No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Payment Plan** |
| **Hockey School Fees Paid** |  |  |  |
| **Registration Fees** |  |  |  |
| **New Player to League** |  |  |  |

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Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_ Registrar’s Initials \_\_\_\_\_\_\_\_\_\_ (Month, Day, Year)

**Player's Disability Diagnosis & Health History Information Sheet**

Name of player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #s: (include all contact numbers): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check *ALL* appropriate boxes and *EXPLAIN* special conditions**

|  |  |
| --- | --- |
| **Special Condition** | **Explanation** |
| Learning □ |  |
| Developmental □ |  |
| Behaviour Concerns □ |  |
| Physical □ |  |
| Visual □ |  |
| Hearing □ |  |
| Allergies □ |  |
| Health □ | (diabetes, asthma, heart, seizures, shunts etc.) |
| Communication □ Difficulties | (following directions, asking for help, processing, social etc.) |

**Medications:**

|  |  |  |
| --- | --- | --- |
| Type of Medication | Dosage | Time of Day Given |
|  |  |  |
|  |  |  |
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Form Completed by: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_