



Steinbach Panthers/Eastman Player Ringette
Registration

Name of Athlete: _____

Birthdate: _____ Age: _____

Have you played Ringette before: _____ If so, how many years: _____

Address: _____
Mailing/street address City/town Postal Code

Parent/ Guardian Name: _____

Phone Number: _____/_____/_____
Home Cell: Work

Primary email: _____

Medical Information

Manitoba Health Number: _____/_____
6 digit number Individual number 9 digit

Emergency Contact Name: _____

Phone Number: _____/_____
Home Cell

Relationship to Athlete: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Previous injuries or Concussions: _____

Allergies: _____

Medication: _____

If medication listed: Self Administration: _____yes _____no

Does the athlete have any other medical conditions: (braces, contact lenses, Asthma etc): _____

Any medical condition or injuries should be checked by your physician before participating in the Ringette program. I understand that it is my responsibility to keep the team bench staff advised of any changes to the above medical information ASAP.

Waiver and consent in case of an emergency

I hereby authorize emergency medical or surgical treatment for myself/my daughter/my son/my ward if such treatment is needed during involvement with Eastman Ringette Association and/or Steinbach Ringette Association.

I also authorize the release of medical information to appropriate persons when deemed necessary.

I hereby release all persons involved in the organizations of Eastman Ringette Association and Steinbach Ringette Association from any claim whatsoever that I/my daughter/my son/my ward may have and any loss, damage or injury sustained by me/my daughter/my son/my ward or my/her/his equipment during, after and en route to or from any or all of the said competition.

The following exemptions will take precedence(blood transfusions, surgery etc): if listed:

Due to the introduction of the PIPEDA Act and concerns over the use of member information, the Eastman Ringette Association and Steinbach Ringette assure you that all member information is confidential: however, information may be shared with affiliated Provincial and National organizations. We will not sell or lease information. We gather information to communicate with you, process applications and deliver services that you require from Steinbach Ringette Association, the Eastman Ringette Association, the Manitoba Ringette Association and Ringette Canada. You may at any time ascertain your information that Eastman Ringette Association has on file. You have the right to access, verify and amend your personal information.

Photo Consent

___ I give my permission to Eastman Ringette (and its member Ringette clubs) to use my image in their marketing material, including the ERA website and the website(s) of the ERA member clubs.

___ I give permission to Eastman Ringette (and its member Ringette clubs) to use my child's image in their marketing material, including the ERA website and the website(s) of the ERA member clubs.

Yes I/we have received the: _____ player/parent code of conduct
(please initial each line) _____ Payment Plan and refund policy
_____ Read the photo release section
_____ Read the medical/privacy statement
_____ Confirm that all information provided is true and accurate to the best of my knowledge

**** A NO REFUND POLICY HAS BEEN ADOPTED BY THE STEINBACH RINGETTE ASSOCIATION. ****

The signature below acknowledges that parents and/or guardians read, acknowledged, approved and agreed to all provisions of the registration information, photo consent, medical waiver, parent and player code of conduct and PIPEDA act.

Signature

Date

Witness

Signature of all terms of this application must be signed by each individual. Anyone under the age of 18 must have it signed by a parent(s) or guardian(s).

For board member to complete:

Payment Received: Cheque _____ / Cash _____
Full payment: _____

Payment Installments: _____ / _____ / _____

Age Group Registering for:

u9 bunnies u10 Novice u12 Petite u14 Tween u16 Junior u19 Belle
2008/2009/2010 2006/2007 2004/2005 2002/2003 2000/2001 1997/1998/1999

Received By: _____
 initial