



## HURONIA STALLIONS FOOTBALL CLUB

### REGISTRATION FORM

3-200 Memorial Ave Suite 164

Orillia, L3V 5X6

PLEASE PRINT CLEARLY

**hoof@huroniastallions.on.ca**

#### PLAYER INFORMATION

Last Name: \_\_\_\_\_ First Name: : \_\_\_\_\_

Date of Birth    Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

Parent(s) Name : \_\_\_\_\_

Name of school attending: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Varsity/Jr Player Email Address: \_\_\_\_\_

#### MEDICAL / EMERGENCY INFORMATION

Are there any medical issues that we should be aware of? Please provide details.

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

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### LEAGUE INFORMATION

HOUSE LEAGUE: Includes HST \$485.00

COLT      Year of Birth 2003, 04 \_\_\_\_\_

PONY      Year of Birth 2005, 06 \_\_\_\_\_

MUSTANG Year of Birth 2007, 08, 09 \_\_\_\_\_

TRAVEL TEAMS: Includes HST \$590.00

BANTAM: Year of Birth 2003, 04 \_\_\_\_\_

VARSAITY: Year of birth 1998, 99, 00 \_\_\_\_\_ Jr VARSITY: Year of birth 2001, 02 \_\_\_\_\_

\* This includes equipment, team picture, insurance, transportation (travel teams) (jersey, house league only)

#### PAYMENT INFORMATION

PAYMENT: CASH    CHEQUE    E TRANSFER    Date    2017

## PARENT/PLAYER RESPONSIBILITIES

1. To return all club equipment at the end of the season or upon leaving the team for any reason.
2. You will be held liable for all equipment lost or damaged through negligence
3. To inform the coaching staff when you are unable to attend practice or games
4. No equipment will be issued until full registration is paid along with the **\$100.00** equipment deposit.
5. Registration is non refundable after May 8th for Varsity/Jr, Bantam. May 16<sup>th</sup> for all other programs. A **\$100.00** fee will apply should a player leave prior to the above dates.
6. A player may be released from their team for any action deemed detrimental to the Huronia Stallions Football Club, with no refund.

**I declare the above information is correct and understand by myself and agree to the specifications above:**

**Signature of Player/Parent:** \_\_\_\_\_

**Interested in coaching?**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mail completed forms and payment to:** Huronia Stallions Football Club  
3-200 Memorial Ave Suite 164  
Orillia, L3V 5X6

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## WAIVER

I/We being over the age of 18 request that I/our child \_\_\_\_\_ be allowed to participate and abide by the constitution and rules in the events, activities and games of the Huronia Stallions. I/We and our heirs and assigns, hereby release, discharge and hold harmless, the Huronia Stallions, their members, associates, and any other organization, it's directors, officers, employees, sponsors, representatives and agent from any injury loss or damage sustained by my child named above, however casual, or rising out of or in connection with the said persons participation in the said events, activities or games.

I/We hereby commit my child to receiving medical attention from an individual qualified to attend to athletic training service both at the scene or the accident and at a medical treatment facility.

I/We understand the contents of the waiver and your signature(s) constitute acknowledgment and acceptance of the conditions of this waiver.

**Parent(s) Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_ 2017