



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 Only 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

RETURNING PLAYER: Yes _____ No _____

HOUSE LEAGUE: Includes HST \$490.00

COLT Year of Birth 2004, 05 _____

PONY Year of Birth 2006, 07 _____

MUSTANG Year of Birth 2008, 09 _____

TRAVEL TEAMS: Includes HST \$590.00

BANTAM: Year of Birth 2004, 05 _____

VARSITY: Year of birth 1999, 00, 01 _____ Jr VARSITY: Year of birth 2002, 03 _____

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

PAYMENT INFORMATION

PAYMENT: CASH _____ CHEQUE _____ E TRANSFER _____ Date: _____

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 10th for Varsity/Jr, Bantam. May 16th 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**

WAIVER

I/We being over the age of 18 requests 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: _____ 2018