



**HURONIA STALLIONS FOOTBALL CLUB**  
**REGISTRATION FORM**

3-200 Memorial Ave Suite 164  
Orillia, L3V 5X6

PLEASE PRINT CLEARLY

**PLAYER INFORMATION**

**hoof@huroniastallions.on.ca**

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 \_\_\_\_\_ New Player \_\_\_\_\_

HOUSE LEAGUE: Includes HST \$540.00 COLT Year of Birth 2005, 06 \_\_\_\_\_  
PONY Year of Birth 2007 08 \_\_\_\_\_  
MUSTANG Year of Birth 2009, 10 \_\_\_\_\_

TRAVEL TEAMS: Includes HST \$640.00

BANTAM: Year of Birth 2005 06 \_\_\_\_\_

VARSITY: Year of birth 2000, 01, 02 \_\_\_\_\_ Jr VARSITY: Year of birth 2003, 04 \_\_\_\_\_

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

**PAYMENT INFORMATION**

PAYMENT: CASH \_\_\_\_\_ CHEQUE \_\_\_\_\_ E TRANSFER \_\_\_\_\_ PAY PAL \_\_\_\_\_ 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 8th for Varsity/Jr, Bantam. May 14th 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 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:** \_\_\_\_\_ 2019