



### 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 <u>Only</u> 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 \$550.00	COLT Year of Birth 2006, 07 _____
	PONY Year of Birth 2008 09 _____
	MUSTANG Year of Birth 2010,11 _____
TRAVEL TEAMS: Includes HST \$650.00	
BANTAM: Year of Birth 2006 07 _____	
VARSITY: Year of birth 2001, 02, 03 _____ Jr VARSITY: Year of birth 2004, 05 _____	
* This includes equipment, team picture, insurance, (transportation, travel teams) (jersey, house league only)	

#### PAYMENT INFORMATION

PAYMENT: <u>CASH</u> _____	CHEQUE _____	E TRANSFER ____	PAY PAL _____	Date: _____
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## 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 7th for Varsity/Jr, Bantam. May 15th for all other programs. A **\$150.00** 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:** \_\_\_\_\_ 2020