# Registration Form

Personal Information (PLEASE PRINT CLEARLY AND FULLY COMPLETE FORM)

PLAYER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_ ❑ M ❑ F DOB: \_\_\_\_/\_\_\_/\_\_\_\_

 LAST, FIRST MM/DD/YEAR

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET CITY/PROVINCE POSTAL CODE

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HOME WORK CELL

### Sledge Hockey Levels (SELECT ONE)

Sledge Hockey has a Junior/Recreation, Intermediate and Advanced program. (PLEASE CHECK ONE)

❑ Novice: For individuals 12 years and younger/individuals who need adapted sledges, or for individuals who need to work on skating. Individuals demonstrating a high level of skill, skating and hockey concept will be given the option of practicing and playing at the intermediate level.

❑ INTERMEDIATE 4 Team Season; This will be a new Initiative for 2020/21; This Is a non- contact league **(however Incidental contact will occur)** for players moving from novice level, Intermediate players not Interested In playing at the higher level and for advanced players open to playing a more relaxed game of sledge hockey; Teams will be made up of Individuals of all skating ability and age groups;

❑ ADVANCED: For individuals who demonstrate an advanced level of skating, skill, and hockey concept.

❑ Spring Sledge; dates to be determined; cost will be separate from regular season

Do you require a program sledge? ❑ YES ❑ NO

**Regular season Ice fee will remain at $240.00 per player**; Cheque can be made out to SMD and sent C/O Bill Muloin 11 55 Notre Dame R3E 3G1

# PERSONAL MEDIA RELEASE FORM

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

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

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manitoba Possible** may, from time to time, use photographs, videos, stories or quotes, for example, to promote Manitoba Possible, its beneficiaries and all related programs and services,

I, the undersigned, hereby acknowledge and agree that:

**Manitoba Possible**, its directors, officers, employees, agents, affiliates, licensees, successors and assigns have the following right, but not the obligation:

1. to use any photograph(s) and/or film clip(s) of me in still(s), videotape or other forms, to use or incorporate my name, picture, silhouette, voice, identity and other reproductions of my physical likeness (“Appearance”) and to interview me, use my words and to use stories or quote me (the "Licensed Materials"), and ;

2. to advertise, broadcast, distribute, exhibit, promote, publicize, and reproduce the Licensed Materials and/or my Appearance, in all media including without limitation in television, radio, print materials (i.e. annual reports, newsletter, ads) and on SMD social media platforms;

3. to edit the Licensed Materials and/or my Appearance and to use or incorporate same in any manner or form **Manitoba Possible** decides is appropriate or suitable.

4. to inform when and where the Licensed Materials and/or my Appearance will be used for promotional use (whenever possible).

**Manitoba Possible** has the right to assign any of its rights under this Agreement.

I represent and warrant that I am fully authorized to grant the rights provided herein.

AGREED AND ACCEPTED:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Witness Signature Releaser Signature

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

Print Witness Name Print Releaser Name

# PERSONAL MEDIA RELEASE FORM – CHILD UNDER 18 years

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manitoba Possible** may, from time to time, use photographs, videos, stories or quotes, for example, to promote **Manitoba Possible**, its beneficiaries and all related programs and services,

I, the undersigned, hereby acknowledge and agree that:

**Manitoba Possible**, its directors, officers, employees, agents, affiliates, licensees, successors and assigns have the following right, but not the obligation:

1. to use any photograph(s) and/or film clip(s) of my child in still(s), videotape or other forms, to use or incorporate my Child’s name, picture, silhouette, voice, identity and other reproductions of my physical likeness (“Appearance”) and to interview my child , use my child’s words and to use stories or quote my child (the "Licensed Materials"), and ;

2. to advertise, broadcast, distribute, exhibit, promote, publicize, and reproduce the Licensed Materials and/or my Appearance, in all media including without limitation in television, radio, print materials (i.e. annual reports, newsletter, ads) and on **Manitoba Possible** social media platforms;

3. to edit the Licensed Materials and/or my child’s Appearance and to use or incorporate same in any manner or form **Manitoba Possible** decides is appropriate or suitable.

4. to inform when and where the Licensed Materials and/or my child’s Appearance will be used for promotional use (whenever possible).

**Manitoba Possible** has the right to assign any of its rights under this Agreement.

I represent and warrant that I am fully authorized to grant the rights provided herein for my child as listed above.

AGREED AND ACCEPTED:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Witness Signature Releaser Signature **(Parent or Legal Guardian)**

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

Print Witness Name Print Releaser Name