

**CHURCH ATHLETIC LEAGUE OF KINGSTON**

Office: Kingston Memorial Centre, York St @ Albert St., Kingston, Ontario.  
 Mailing address: CAL Kingston, P.O. Box 21088, RPO Princess St. Kingston ON K7L 5P5  
 Tel: 613-542-1362 Web: www.calkingston.com Email: admin@calkingston.com

**PLAYER REGISTRATION FORM 2018-2019**

Office Use Only	
Pre-Season Conditioning	
PD Assessment	
New Player Assessment	
Parent RIS Notification	
Power Skating Fall/Level	
Goalie Clinic	
IP Assessment	
House League	

All new players and players wishing to change associations will be placed with consideration given to balance among teams – **Note any Practice Night Conflicts Below**

- Players new to the CAL MUST supply a photocopy of their birth certificate. Registration will only be complete when the birth certificate is received.
- **Tyke Assessments – Sept. xx Novice Assessments – Sept. xx**
- New to the CAL On-Ice Assessment is **Sept. xx** – Atom, Peewee, Bantam & Midget Players

Please indicate how you or your family would like to help us this season:

- ( ) Division Convenor ( ) Coach / Manager / Trainer ( ) Tournament Helper

**Initiation Program (IP), Tyke & Novice Divisions**

Players aged 5-7 & all beginners..... the Initiation Program (IP) is designed for you.  
**New Tyke & Novice players (not previously assessed): Assessment – Sept xx & xx 2018**  
 7 yr olds with IP experience will be assessed to play in **Tyke or Novice**  
 8 yr olds without IP experience will be assessed for placement in IP, Tyke or Novice

**Respect In Sport Parent Certification is Mandatory For All First Time/New Players**

Player \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: D\_\_\_\_ M\_\_\_\_ Y\_\_\_\_ M / F  
 last name first name

Address \_\_\_\_\_ # \_\_\_\_\_ street \_\_\_\_\_ apt \_\_\_\_\_ city \_\_\_\_\_ postal code \_\_\_\_\_

\*has your address changed since last season\* yes/no

Father \_\_\_\_\_  Primary Contact Mother \_\_\_\_\_  Primary Contact

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Primary email \_\_\_\_\_ email \_\_\_\_\_  
 \*receipts will be sent via email where possible \*receipts will be sent via email where possible

Emergency Contact \_\_\_\_\_ Tel. No. \_\_\_\_\_

Practice Night Conflict ? \_\_\_\_\_ My Brother/Sister Plays For \_\_\_\_\_

Who did you play for last season? \_\_\_\_\_ Team Name / Association \_\_\_\_\_ Division (eg. Novice, Atom) \_\_\_\_\_ Category (eg. HL or Rep) \_\_\_\_\_

I would like to play on/w ith \_\_\_\_\_ (name of CAL team/club). Are you a member of this Church or Parish? \_\_\_\_\_

Is player a Goalie? (Atom & up) YES / NO

Initiation\_\_\_\_(2011-2013) Tyke\_\_\_\_(2011) Novice\_\_\_\_(2010) Atom\_\_\_\_('08,'09) Peewee\_\_\_\_('06,'07) Bantam\_\_\_\_('04,'05) Midget\_\_\_\_(2001-2003)  
 Juvenile\_\_\_\_(1999-2000)

Initiation PRE-SEASON HOCKEY SCHOOL \$50.00 Dates Sept.	PRE-SEASON HOCKEY SCHOOL \$90.00 4 x 50 min. Sept T.B.A Novice - Atom _____ Peewee & Bantam _____	Fall Power Skating Programs	

**Registration Fees**

Initiation Pre-Season Hockey School (player should have 1 yr. IP experience) – 3 sessions	\$ 50.00
Pre-Season Hockey School – 4 sessions	\$ 90.00
Fall Power Skating Program - 9 sessions	\$ 175.00
Player Development - On-Ice Assessment Fee	\$ 100.00
<b>Initiation Program</b> (born 2011, 2012, 2013)	\$ 385.00
<b>Tyke</b> (born 2011)	\$ 575.00
<b>Novice</b> (born 2010)	\$ 575.00
<b>Atom</b> (born 2008-2009)	\$ 605.00
<b>Peewee</b> (born 2006-2007)	\$ 720.00
<b>Bantam</b> (born 2004-2005)	\$ 720.00
<b>Midget</b> (born 2001, 2002, 2003)	\$ 735.00
Deduct \$100.00 for third & \$200.00 for fourth (4 <sup>th</sup> ) house league player in one family	\$(100.00)
<b>TOTAL</b>	<b>\$</b>

**Consent:** My child and I agree that the directors, team officials, committees, employees and instructors of the Church Athletic League are released from any and all claims of damage or loss as a result of injury which may arise from participation of the applicant in Church Athletic League programs. My child and I agree to participate in the activities of the Church Athletic League under its rules and regulations and the aforementioned conditions.

**Refund Policy:** A request for refund of fees will be considered based on the CAL Refund Policy which is available on the CAL website. A Refund Request Form, available from the CAL website & office, must be completed and submitted with any required supporting documentation to the Church Athletic League office for review and approval. **Forms Cannot Be Submitted by email.** An administration fee of \$50.00 will be deducted from all approved refunds.

**Payment Policy:** Payments by installment, **for house league hockey only**, may be paid in person or by mail to the Church Athletic League office. A minimum payment of \$100.00 required at registration. The remainder must be paid at time of registration in equal installments as post-dated cheques payable October 1, November 1 & December 1<sup>st</sup>. NSF Charge \$50.00 **All other programs must be paid in full at time of registration (i.e. Pre Season, Skating Programs etc.)**

Signature of parent/guardian or Players 18 and over (registration not valid without signature)

Date

**For Office Use only**

Date Received \_\_\_\_\_ Time \_\_\_\_\_ Amount \_\_\_\_\_ Registrar Initials \_\_\_\_\_

Cash  Cheque Date \_\_\_\_\_ Amount \_\_\_\_\_ Paid by \_\_\_\_\_ (name on chq)

Installments: October 1<sup>st</sup> Amount \_\_\_\_\_ November 1<sup>st</sup> Amount \_\_\_\_\_ December 1<sup>st</sup> Amount \_\_\_\_\_