

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	
		Fall Program – begins Sun. Oct. xx Nov/Atom Power Skate Fall – x pm _____ PW Plus Power Skate Fall – x pm _____	POWER SKATING PROGRAM Programs Will Only Run Where FULL \$175.00, 9 sessions of 50 minutes

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
Initiation Program (born 2011, 2012, 2013)	\$ 385.00
Tyke (born 2011)	\$ 575.00
Novice (born 2010)	\$ 575.00
Atom (born 2008-2009)	\$ 605.00
Peewee (born 2006-2007)	\$ 720.00
Bantam (born 2004-2005)	\$ 720.00
Midget (born 2001, 2002, 2003)	\$ 735.00
Deduct \$100.00 for third & \$200.00 for fourth (4 th) house league player in one family	\$(100.00)
TOTAL	\$

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 1st. 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 1st Amount _____ November 1st Amount _____ December 1st Amount _____