



The National Ringette League Black Gold RUSH will be hosting a 3 on 3 spring league in St. Albert. The league will run in May 2018. Due to a lack of available ice, only two divisions will be formed with four teams in each division. Each team will have approximately 10 skaters and 1 goalie. Divisions will include:

Division I – birth years 2005, 2006, 2007

Division II – birth years 2002, 2003, 2004

**Registration forms are on the following two pages.**



## Black Gold RUSH 3 on 3 Ringette Spring League May, 2018

Cost \$150

**Cheques only please**, payable to: **Black Gold RUSH Ringette Club**

Cheques can be dropped off at:

10 Escada Close or mailed to:

Dwayne Girard, 10 Escada Close, St. Albert, Alberta T8N6X5

### Player Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Circle the division and level you are **currently** playing at:

U12C U12B U12A U14B U14A U14AA U16B U16A U16AA

Other \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Are you a Goalie? Yes No

### Parent/Guardian Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (     )

Cell Number: (     )

### Parent Volunteer Positions:

Would you be willing to be a Team Liaison?                      Yes                      No

Would you be willing to help on the bench?                      Yes                      No

### Requests:

Your child can request to play with **one player** within the same division. In order to honour your request, **the other player must request them as well:**

I request my child to play with: \_\_\_\_\_

**Consent**

I hereby certify that the information contained in the following registration is complete and correct.

1. I understand that should extenuating circumstances arise, or a full team is not able to be filled, this registration does not guarantee the player a team to play on.
2. I consent to the registered player participating in Ringette and, in the event that the player requires medical attention, team staff to obtain medical treatment.
3. I relieve the Black Gold RUSH Ringette Club 3 on 3 Ringette League staff, and sponsors of any responsibility for any accidents or injury which may occur as a result of this participation.

**Freedom of Information and Protection of Privacy****FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY NOTICE AND CONSENT**

The purpose of this notice is to inform you of the use to which personal information, pictures, game information, and game statistics will be made and to obtain your consent for such use.

1. The player information is collected and maintained so as to properly coordinate and operate the Black Gold RUSH Ringette Club 3 on 3 Ringette League. In addition this information may be provided to Ringette Alberta and the participating team's league for the purpose of registration and insurance.
2. Player's names, photos, and comments may also be used in newsletters, annual reports, web sites, radio, newspaper, and other publications related to ringette.
3. Individual and team photos may be taken and displayed in newsletters, annual reports, web sites, radio, newspaper, and other publications related to ringette and in the local ice facilities.
4. Player's names and parent's/guardian's telephone, e-mail, and other information may be used for the purpose of team/association communications and transportation services.

I hereby consent to the above.

Parent or Guardian Signature: \_\_\_\_\_

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