



Charleswood Hawks Junior Hockey Program

Player Registration & Parent/Guardian Information

Complete all applicable fields electronically.

1. PLAYER INFORMATION

Player First Name

Player Last Name

Preferred Name

Date of Birth

Age

School

Grade

Home Address

City

Province

Postal Code

2. PARENT / GUARDIAN INFORMATION

Parent/Guardian 1 Name

Relationship

Phone

Email

Parent/Guardian 2 Name

Relationship

Phone

Email



Charleswood Hawks Junior Hockey Program

Player Hockey Information & Emergency Contact

3. HOCKEY EXPERIENCE

Previous Hockey Experience

☐ None ☐ Intro / Learn to Play ☐ Minor Hockey ☐ Other

Previous Team / Program

Position

Years Playing

Player Skill / Development Goals

4. EMERGENCY CONTACT

Emergency Contact Name

Relationship

Primary Phone

Alternate Phone

Medical/Other

5. MEDICAL & SAFETY INFORMATION

Important medical information, allergies, or accommodations

Does the player carry an EpiPen or other emergency medication?

☐ Yes ☐ No

Details

Any restrictions the coaching staff should know about?



Charleswood Hawks Junior Hockey Program

Program Participation, Consent & Signature

6. PROGRAM PARTICIPATION

Please select all that apply:

- ☐ Participate in games ☐ Participate in practices ☐ Intro to Hockey / Learn to Play ☐ Other

Jersey Size

- ☐ Small ☐ Medium ☐ Large

I would like to register my child for (Please select 1 option)

Days of the week levels

- Monday Tuesday Wednesday Thursday
- ☐ Learn to play or (A5-A4) ☐ Female ☐ AA and above ☐ (A1-A3)

Additional information or requests

7. CONSENT & ACKNOWLEDGEMENT

I confirm that the information provided on this form is accurate to the best of my knowledge. I understand that participation in hockey involves inherent risks and that the player is expected to follow the instructions of coaches, staff, arena personnel, and applicable hockey rules. I understand that medical and emergency information may be shared with appropriate program staff when reasonably necessary for the player's safety.

- ☐ I consent to the player's participation in the Charleswood Hawks Junior Hockey Program.
- ☐ I authorize program staff to seek emergency medical assistance when reasonably necessary.
- ☐ I consent to receiving program communications by email/text regarding schedules and activities.
- ☐ I am aware I that my child has to bring his/her own hockey equipment.

8. PHOTO / MEDIA CONSENT

May the Charleswood Hawks use photos/video of the player for program promotion?

- ☐ Yes ☐ No



Charleswood Hawks Junior Hockey Program

9. SIGNATURE

Parent / Guardian Name

Date

Player Signature (if applicable)

Parent / Guardian Signature

THANK YOU FOR BEING PART OF THE CHARLESWOOD HAWKS!

The best way to contact you

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☐

Email

☐

Text

☐

Phone

More information if you have any question please contact the Charleswood Hawks at

presidentcharleswoodhawks@outlook.com

Payment

☐

Full \$960.00 + GST= \$1008.00

October 13 to March 25, 27

☐

Fall \$495 + GST=\$519.75

October 13 to December 17, 26

☐

Winter \$605 + GST=\$635.25

January 14, 2027 – March 25, 27

☐

ettransfer: to cwdhawks@gmail.com

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Cheque: make cheque payable to: Charleswood Hawks Junior Hockey Club