



# Grandview Recreational Hockey Association

640 River St. P.O. Box 21013, Thunder Bay, ON P7A3S0

**Voicemail:** 807-768-1429 **Web:** www.grha.ca

**Email:** info@grha.ca

## 2024/25 Season Registration Form

**NOT ACCEPTED WITHOUT PAYMENT IN CASH, CHEQUE, MONEY ORDER, OR E-TRANSFER - PLAYERS WILL NOT BE ALLOWED ON THE ICE WITHOUT A PAID REGISTRATION!**

Division	Born in	Fee
Stinger	18-19	\$375
Mites	15-17	\$550
PeeWee	12-14	\$550
Bantam	09-11	\$550
Senior	04-08	\$550

Player First Name \_\_\_\_\_ Player Last Name \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_ Parent/Guardian Last Name \_\_\_\_\_

Street \_\_\_\_\_

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

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Years Played in GRHA: \_\_\_\_\_

Years Played in Other League: \_\_\_\_\_

For which Other League: \_\_\_\_\_

Division: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_

Month / Day / Year  
mm/dd/yyyy

Gender: M / F

### Preferred Position

Forward  Defense  Goalie

### INFORMED CONSENT TO PARTICIPATE

Participating in hockey involves the risk of being injured. Although Grandview Recreational Hockey Association prohibits intentional body contact, falls, collisions and other incidents may occur and cause injury. Parents/Guardians must understand these risks when applying to register their child.

**Parents/Guardians are solely responsible for determining the physical fitness of their child as it relates to his or her ability to participate safely in the sport of hockey. It is the responsibility of the parents to ensure that the child properly wears the required protective hockey equipment.**

If your child has an existing medical condition, please list it here \_\_\_\_\_, and discuss with the respective coaches and league executives any safety concerns you may have prior to and during the season.

**Players registered with GRHA may NOT be registered in another league.**

After reading the above clauses, please sign the consent for your child to participate.

I \_\_\_\_\_ (parent/guardian) \_\_\_\_\_ (phone #)

(please print in block letters)

**agree that my child will not play for any other hockey league while registered with GRHA. By signing below, I consent that I have read, understood, and do consent to the clauses above.**

Signature: \_\_\_\_\_

## VOLUNTEERS ARE NEEDED! WHERE CAN YOU HELP?

GRHA is a volunteer run not-for-profit league.

Coach  Team Sponsor  Evaluations  Phoning  Website

Asst Coach  Referee  League Executive  Other \_\_\_\_\_

\*A vulnerable sector criminal reference check is required. GRHA will provide volunteers with a letter for volunteer eligibility.

Comments/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_