



Grandview Recreational Hockey Association

640 River St. P.O. Box 21013, Thunder Bay, ON P7A 3S0

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

Email: info@grha.ca

2025-2026 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
U7 Stingers	19-20	\$375
U10 Mites	16-18	\$550
U13 PeeWee	13-15	\$550
U16 Bantam	10-12	\$550
U21 Senior	05-09	\$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: _____