



Willowdale Sports Club

PO Box 543, 3299 Bayview Avenue,
Toronto, Ontario M2K 2Y5

Fax: 416 221-9122 registrar@willowdalesportsclub.com

HOUSE LEAGUE HOCKEY REGISTRATION 2009-10

Application May 16th to November 15th

OUR PROGRAM

Registration for House League 2009-10 opened on April 13th 2009.

Divisions offered:

Tykes:	Born 2003-2005
Novice:	Born 2001-2002
Atom:	Born 1999-2000
PeeWee:	Born 1997-1998
Bantam:	Born 1995-1996

Select coaches are in place for 1995; 1995/96; 1997/98; 1999/2000; 2001; 2002
Players from our House League will be invited to try out to represent Willowdale Sports Club against teams from other organizations in the North York Hockey League. An additional fee will apply.
If you have questions, please contact our VP Select Rob Lee rob@portamini.com

We will accommodate children in different divisions if their needs and skills warrant the move. Please make a clear note on your registration form and we'll be in touch.

THE SCHEDULE

The **2009-2010 season** will run from Saturday October 17th to the end of March 2010

We fully expect that the weekly schedule will mirror the last few years:

Saturday games:

Tyke: Learn to Skate 11.30am
Tyke: Learn to Play 12.15pm
Novice games: 1.55 and 2.40pm
Atom games: 3.35 and 4.20pm
PeeWee games: 5.15 and 6pm

Sunday morning team practice

Rotating practices for all Novice, Atom and PeeWee teams
(Tykes Saturday only, Bantams Monday only)

Monday evening games

Bantam games 8 and 9pm

...AND THE MONEY

From May 16/09 to Nov 15/09 full 2009-10 House League Fees will apply:

Tyke \$225; Novice, Atom and PeeWee \$355; Bantam \$335

Your youngest 3rd child is just \$185.

Sponsorship: Full team \$600; Half team \$300

Want to save a few dollars? Introduce friends to Willowdale who did not play there in 2008-09 and who live in the 416 area code; we'll give you \$25 for each one.

Refund and NSF cheque policy

- From May 16th to Sept 4th incl., Administration Fee is \$50 for cancellations
- From Sept 5th a refund of 50% only will be provided.

The House League committee will, at its sole discretion, provide relief in the case of season ending injury or other circumstance

- A charge of \$10 applies to all NSF cheques.

IF THIS ALL LOOKS GOOD TO YOU, PLEASE COMPLETE THE ATTACHED FORM AND RETURN IT BY FAX, E-MAIL OR MAIL TO WILLOWDALE.

Have questions? Please e-mail us and we'll get right back registrar@willowdalesportsclub.com



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HOUSE LEAGUE HOCKEY REGISTRATION 2009-10

Player Name: _____

Address: _____ City: _____

Postal Code: _____

Phone number: (____) ____ - ____

E-mail Contact: _____

Date of Birth: MM/DD/YY

Gender: F / M

Proof of Age: Returning player? Y/N with which club were you last registered? _____

New player? please enclose a **copy of proof of age**

Proof of age may be a copy of any government issued document that shows the date of birth

Parent1 Name and phone number: _____

Parent2 Name and phone number: _____

Medical/Other Comment: _____

Additional information:

Name of ONE friend/carpool: _____

we will accommodate one friend on the same team

Interested in playing **Goalie**: Yes / No Interested in playing **Select**: Yes / No

The quality of instruction at community hockey clubs like Willowdale is directly proportional to parental involvement. Your help makes all the difference in making this an outstanding minor hockey program.

Interested in information about **Sponsoring** a team: Yes / No

Interested in helping **on the bench**: Yes / No

Interested in helping **behind the scenes**: Yes / No

Thanks!

I have read and understood the payment terms of this registration. I hereby release the hockey club and organization from all claims for damages arising from any accident or injury which is caused by, or arises from participation in the sport by the player named above. I will abide by Willowdale Sports Club commitment to Sportsmanship and Fair Play for players, coaches and parents. I understand that any behaviour that is deemed inappropriate may lead to a release or loss of participation at the discretion of the WSC Executive or its representative.

***** **Parent/Guardian Signature:** _____ *****

Payment: **Player:** _____

Date of Birth: MM/DD/YY

Cheque attached: Yes/No \$ _____

Phone # (____) ____ - ____

OR:

Name on Credit Card: _____

Signature _____

VISA/MasterCard only: _____

Expiry __ / __ \$ _____

WELCOME TO WILLOWDALE!

Please return this form by mail to the address at the top, or by fax or e-mail below

Fax 416 221-9122

E-mail registrar@willowdalesportsclub.com