



Willowdale Sports Club

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

Fax: 416 221-9122 registrar@willowdalesportsclub.com

HOUSE LEAGUE HOCKEY REGISTRATION 2010-11

OUR PROGRAM – all programs require full hockey equipment.

Registration for House League 2010-11 opens March 27th 2010.

Divisions offered:	Tyke1 Learn to Skate:	Born 2003-2006
	Tyke2 Learn to Play:	Born 2003-2006
	Novice:	Born 2001-2003
	Minor Peewee:	Born 1999-2001
	Minor Bantam:	Born 1997-1998
	Midget:	Born 1994-1996

Select coaches are in place for 1995; 1997/98; 1999/2000; 2002; 2003

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 **2010-2011 season** will run from Saturday October 16th to the end of March 2011

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

Saturday games:

Tyke1: Learn to Skate 11.30am

Tyke2: Learn to Play 12.15pm

Novice games: 1.00; 1.55 and 2.40pm

M-Peewee games: 3.35 and 4.20pm

M-Bantam games: 5.15 and 6pm

Sunday morning team practice

Rotating practices for all Novice, Minor

Peewee and Minor Bantam teams

(Tykes Saturday only, Midgets Monday only)

Monday evening games

Midget games 8 and 9pm

...AND THE MONEY

Earlybird offers ended June 25th 2010, please register with the full fee attached:

Tyke(1or2) \$240; Novice, M-Peewee & M-Bantam \$380; Midget \$360. Youngest 3rd child \$200

Want to save a few dollars? Introduce friends to Willowdale who did not play here in 2009-10 and who live in the 416 area code; we'll give you \$25 for each one.

Refund and NSF cheque policy

- until Sept 6th incl., Admin. Fee is \$50 for all cancellations of full fee (the \$100 earlybird deposit program is non-refundable)
- after Sept 6th a refund of 50% only will be provided.
- NO refund after October 17th. The House League committee will, at its sole discretion, provide relief in the case of season ending injury or other circumstance
- A charge of \$20 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 to you registrar@willowdalesportsclub.com



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HOUSE LEAGUE HOCKEY REGISTRATION 2010-11

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? Y/N 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:
 Credit Cardholder Name: _____ 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