



Southwest Zone Hockey Association

Power Skating

2010-11

Registration Form*

Name: _____ Class Requested:** _____

Address: _____ Postal Code: _____

Birth date: _____ Alberta Health Care: _____

Parent Name(s): _____ Phone Number: _____

Parent e-mail(s) for confirmation reply: _____

Current Affiliation: Confederation _____ SWAT _____ Other _____

Previous Registrant: yes _____ no _____ Most recent year registered _____

* A separate form must be completed for each registrant.

** If requesting Atom registration in SS3 or PeeWee registration in SS4, you must register in SS2 or SS3, respectively, until Instructor recommendation and previous Quantum Speed experience are confirmed. (The only exception to this requirement is if the skater was officially registered in the requested session in the 2009-10 season.)

In consideration of the benefits awarded to us by the acceptance of this application, the registrant agrees to save and hold harmless and release Southwest Zone Hockey Association, Hanlen Consulting Inc., any and all instructors and municipal rinks, of and from any and all claims arising from bodily injury and property loss or damage to the registrant.

All participants must be in good health and wear full hockey equipment.

I have read and agree with/acknowledge all the information contained in the above application for registration.

Parent Signature: _____

Amount Enclosed: \$ _____

Please

- ensure all information on the form is complete, including e-mail address(es).
- make cheque(s) payable to SWZ Hockey Association.
- mail registration application(s) with payment(s) to

SWZ Hockey Association
c/o 11512 – 14A Avenue
Edmonton, AB
T6J 7B8