



2024 / 25 REGISTRATION FORM

1 PLAYER INFORMATION

FIRSTNAME		LAST	
EMAIL			CELL
ADDRESS			PHONE
HEALTH CARD		BIRTH DATE	DEC 31 AGE

2 GUARDIAN OR EMERGENCY CONTACT INFORMATION

FIRSTNAME		LAST	
EMAIL			CELL

3 MEDICAL INFORMATION

DISABILITY	
ALLERGIES	
MEDICATION	

4 REGISTRATION INFORMATION

TEAM ASSIGNMENT	<input type="checkbox"/> JUNIOR 1	<input type="checkbox"/> OPEN 2	<input type="checkbox"/> INTERMEDIATE 3
PAYMENT DETAILS	METHOD	DATE	AMOUNT
REGISTRATION STATUS	DATE	STATUS	

5 TEAM EQUIPMENT

SLED	JERSEY	STICKS	OTHER



PLAYER & GUARDIAN AGREEMENTS

I confirm that I have reviewed the Code of Conduct posted on the Hamilton Sledgehammer website and agree to conduct myself in accordance with the Code of Conduct.

NAME		SIGN		DATE	
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I confirm that I have reviewed the Concussion Code of Conduct and the Concussion Awareness Resources posted on the Hamilton Sledgehammer website and commit to compliance with that Code.

NAME		SIGN		DATE	
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Registration Fee for 2024 - 2025

\$525