



PHEA SPORTS

Registration 2011/2012

From Seed-time to Harvest

Participant's Name: _____

Birth date: _____ / _____ / _____ Parent's Names: _____
Month Day Year

Address: _____ Postal Code: _____

Email: _____ (preferred method of communication)

Home phone: _____ Cell #: _____

Emergency Contact name & phone # (if parent unavailable): _____

AHC#: _____ Allergies/medical concerns: _____

Attention Parents: For each class you have children registered in, you are required to supervise the school door, a minimum of two-four times.

_____, as the guardian of a child participating in the PHEA Sports program, have read and agree to the rules and guidelines established in regards to proper behaviour (adherence to rules of program, sportsmanlike conduct and courtesy to coaches, volunteer parents and fellow participants) and do acknowledge that although this is a properly supervised program, minor "accidents" do occasionally occur in any type of sports related activity. I grant permission for immediate (emergency) care should the situation arise.

Signed: _____ Date: _____

Approximate starting date: Tuesday, Sept. 06/11 receipts and PHEA Sports' schedule will be available at the first class. Start times of classes and venues will vary depending on availability of gyms.

Your phone number will be included on the Family list that all PHEA Sports Members will receive.

PLEASE indicate level desired by placing a check mark in the appropriate box:

Level 2	age 6 – 9 (6 by Feb 28)	<input type="checkbox"/>	Tuesday 6:30-7:30 pm	Cost \$ 100.00	Stony Central
Level 3	age 9-12	<input type="checkbox"/>	Tuesday 7:35-9:00 pm	Cost \$ 155.00	Stony Central
Level 4	age 12-14	<input type="checkbox"/>	Tuesday 6:00-7:25 pm	Cost \$ 155.00	High Park
Level 5	age 14-18	<input type="checkbox"/>	Tuesday 7:30-8:55 pm	Cost \$ 155.00	High Park

Disclaimer: The Sports Coordinator and coaches reserve the right to move your child to another level depending on their skill level.

Payment: A **non-refundable** cheque of \$15.00/child dated May 31st is required upon registration.

Please attach the remaining balance (total less \$15/child). Make payments by cash, or post-dated cheque payable to **PHEA** dated Sept. 01/11.

*If your family has **TWO OR MORE PARTICIPANTS**, you may write 2 cheques payable Sept. 01/11 & Nov 4/11.*

***NOTE:** An additional **\$40.00 per family** (registration/contact fee) is required with registration, which will be returned or refunded to PHEA members. This cheque is not necessary if you have already paid PHEA membership for 2011/2012 year.

Registration is based on (1) returning students until May 31/11, (2) waiting list from last session, then, (3) first come basis.

Refund policy: If participant withdraws before the first gym class, the total paid (less the non-refundable amount) will be refunded.

Return this form, with all payments to: PHEA, Box 5070, Spruce Grove, AB T7X 2Y3.

OFFICE USE ONLY

Deposit
Cash / Ch# _____ Amount _____ Receipt # _____

Remaining Balance
Ch# _____ Amount _____ Receipt # _____

PHEA member: yes / no

Ch# _____ Amount _____ Receipt # _____