Oakville Recreational Hockey League Team Profile

Team Name: ____

Highest level team has played (include league name):

____

Does your team have matching jerseys? Yes _____ No _____ If yes, what colour?

____

How did you hear about the ORHL?

____

Would you like to receive information regarding future leagues and tournaments?

Yes _____ No _____

If yes, please include your email address: ____

Team Captain Responsibilities

I understand that with registering a team I am responsible to ensure that the entire balance of the team fee is paid. It is my responsibility to monitor which players have made payment and that payment is completed on the agreed upon timetable. I assume the responsibility of filling all roster spots and will act as a team contact for all communication with the league. I will ensure that my players are aware of all league rules for their own safety and well-being.

Dated at Oakville on this _______ day of ______________ 20 ____.

____
Team Captain Name *(please print)*

____
Signature

Register

online at www.oakville.ca
by phone 905-815-2000
by fax 905-338-4188

Questions?
IRIS help line 905-845-6601 ext. 4747
Registration inquiries 905-338-4250

For office use only

Authorization #

Please read registration policies on pages 90-94

Have you previously registered with the department? ☐ Yes ☐ No
Has your address/telephone number changed since last registered? ☐ Yes ☐ No
If yes, previous telephone number: ______________________

Non-residents add $10 plus applicable taxes per course

For participants with special needs

Please fax *Participant Profile - Special Needs/Medical* form, found with registration form.

Please print clearly.

Adult's last name (parent/guardian)		First name	
Address	Apt.	City	Postal code

Home phone	Business phone	Email	Emergency contact name	Emergency phone

Photo release

Photographs of participating may be taken at any time for town promotional purposes. If you do not wish to have your/your child's photo taken/used, please sign below.

☐ **I do not** wish to have my/my child's photo/name taken/used ☐ **I give permission** to take/use my/my child's photo/name

Signature ______________________ Date ______________________

1 Participant's name | Birth date dd mm yy | M/F | Course Name

	Course Code	Location	Day/Session/Week	Time	Fee ($)	HST ($)	Total ($)
First choice							
Second choice							

2 Participant's name | Birth date dd mm yy | M/F | Course Name

	Course Code	Location	Day/Session/Week	Time	Fee ($)	HST ($)	Total ($)
First choice							
Second choice							

3 Participant's name | Birth date dd mm yy | M/F | Course Name

	Course Code	Location	Day/Session/Week	Time	Fee ($)	HST ($)	Total ($)
First choice							
Second choice							

If applicable, subtract credit left on account ($)

Payment type: ☐ Cheque* ☐ Debit ☐ Cash ☐ Visa ☐ MasterCard ☐ Amex

All non-residents add $10.00 +AT per course $

*+AT = plus applicable taxes. *Make cheques payable to Town of Oakville. No post-dated cheques.*

Total amount $

Credit card #	Expiry mm yy	Security Code

Signature (for credit card only)

Personal information on this form is collected under the authority of the Municipal Act, S.0. 2001, c.25 and will be used for the purpose of program registration payment, aggregate statistical reporting, and allocation of staff and resources. Questions about this collection may be directed to: The Recreation and Culture department - Registration, Town of Oakville, P.O. Box 310, 1225 Trafalgar Road, Oakville, Ontario, L6J 5A6. Telephone: 905-338-4250.

Participant Profile

Special Needs / Medical

To best serve the needs of all program participants, we require the following information for leadership staff's awareness. Please choose the category that best describes the needs of the participants with special needs.

Please fax this completed form to registration at 905-338-4188; attention Carol Gall, or email cgall@oakville.ca. For general registration inquiries, call 905-338-4250. For IRIS help, call 905-845-6601, ext. 4747.

For participants with special needs
Will attend with own support?
☐ Yes

Participant last name		Participant first name	
Birth date dd mm yy	Home phone	Business phone	Main contact email address
Program	**Day**	**Time**	**Location**

1

Non-life threatening medical condition — eg. ADD, ADHD, epilepsy, etc.
Please identify:

____

2

Life threatening medical condition
Please note that for participants in this category a Medic Alert or similar identification bracelet is mandatory.

☐ Peanut allergy
☐ Bee sting allergy
☐ Cardiac condition
☐ Diabetes

☐ Other: ______________________________
☐ Does participant carry Epi Pen? ☐ Yes ☐ No
☐ Does participant carry special medication? ☐ Yes ☐ No
☐ Does participant carry insulin? ☐ Yes ☐ No

3

Physical mobility, mental challenges or behaviours

☐ Physical challenges (describe condition)

____

____

☐ Mental challenges.
Medical diagnosis is: ☐ Down's syndrome ☐ Autism ☐ Other: ______________________________

☐ Behaviours (describe condition)

____

____

4

Vision, hearing or physical mobility

☐ Vision ○ Good ○ Adequate ○ Poor ○ Unknown
☐ Hearing ○ Good ○ Adequate ○ Poor ○ Unknown
☐ Physical ○ Good ○ Adequate ○ Poor ○ Unknown

Helpful background information

☐ Is extra support required at school?
☐ Does disability affect the safety of the participant?
☐ Is extra support/assistance required for basic care?
☐ Is the participant currently associated with a support agency?

Tips for Instructors

____

____

____

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