2026 TEAM REGISTRATION FORM

3on3 TEAM NAME: _____

Preferred Jersey Colour: _____

AGE GROUP: (Circle One)

U8 (2018 & 2019), **U9 REP, U9 LL** (2017),
U11 REP, U11 LL (2015-2016), **U13 REP, U13 LL** (2013-2014)

TEAM CONTACT: _____

PHONE # _____

EMAIL ADDRESS: _____

TEAM FEE:
$2200.00 *(based on a team of 1 Goalie & 9 skaters*)
*Additional player fees apply at $220.00

ROWANS LAW ACKNOWLEDGEMENT

☐ The Ontario Government has enacted Rowan's Law (Concussion Safety), 2018, S.O. 2018, c. 1 ("Act"). Ontario Regulation 161/19, the Act requires all sport organizations as defined in the Regulation ("Sports Organization"), which includes 3on3 Goderich Spring Hockey League, to have a Concussion Code of Conduct. This Concussion Code of Conduct must require participants, as set out in the Act, to review the Ontario Government's issued Concussion Awareness Resources on an annual basis.

CONSENT ACKNOWLEDGEMENT

☐ I acknowledge personally and on behalf of my child/team that 3on3 Goderich Spring Hockey, its agents, officials, employees, coaches, and representatives shall not be held liable for any death, injury, loss, damage, cost or expenses arising from participating in any activity directly or indirectly associated with 3on3 Spring Hockey occurring on or off the ice. My child/team has permission to participate in 3on3 Goderich Spring Hockey programs. I give 3on3 Goderich Spring Hockey permission to render medical attention to my child/team should it be necessary.

2026 PLAYER ROSTER

	POSITION	PLAYER NAME (First and Last)	DOB	HOMETOWN	JERSEY SIZE YS, YM, YL, YXL AS, AM, AL, AXL, AXXL	JERSEY #	FEE $220
1	**GOALIE**						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
Full Payment Required at time of Team Roster Submission. E-transfer to 3on3goderich@gmail.com						**TOTAL:**	**$_____**

TEAM REP. SIGNATURE: _____ **DATE:** _____