

CHURCH ATHLETIC LEAGUE OF KINGSTON

Office: Kingston Memorial Centre, York St @ Albert St., Kingston, Ontario.

Mailing address: CAL Kingston, P.O. Box 21088, RPO Princess St. Kingston ON K7L 5P5

Tel: 613-542-1362 Web: www.calkingston.com Email: admin@calkingston.com

PLAYER REGISTRATION FORM 2023-2024

Office Use Only	
Pre-Season Conditioning	
New Player Assessment	
Parent RIS Notification	
Power Skating Fall/Level	
Goalie Clinic	
IP Assessment	
House League	

All new players and players wishing to change associations will be placed with consideration given to balance among teams – [Please Note any Practice Night Conflicts Below](#)

- Players new to the CAL MUST supply a photocopy of their birth certificate. Registration will only be complete when the birth certificate is received.
- U8 & U9 Assessments – **date TBA**
- U11 (Atom), U13 (Peewee), U15 (Bantam) & U18 (Midget) New to the CAL On-Ice Assessment – **date TBA**

Please indicate how you or your family would like to help us this season:  
( ) Division Convener ( ) Coach / Manager / Trainer

**U7 (Initiation Program), U8 (Minor Novice) & U9 (Novice) Divisions**  
*Players aged 5-7 & all beginners..... the U7 Program (IP/Hockey Fundamentals) is designed for you.*  
*New U8 & U9 players (not previously assessed): **Assessment – date TBA***  
*7 yr. olds with IP experience will be assessed to play in **U8 or U9***  
*8 yr. olds without IP experience will be assessed for placement in **U7, U8 or U9***

Respect in Sport Parent Certification is Mandatory for All First Time/New Players

Player \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: D\_\_\_\_M\_\_\_\_Y\_\_\_\_ M / F  
last name first name

Address \_\_\_\_\_ # \_\_\_\_\_ street \_\_\_\_\_ apt \_\_\_\_\_ city \_\_\_\_\_ postal code \_\_\_\_\_

\*has your address changed since last season\* yes/no

Parent #1 \_\_\_\_\_ ☐ Primary Contact Parent #2 \_\_\_\_\_ ☐ Primary Contact  
Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Primary email \_\_\_\_\_ email \_\_\_\_\_  
\*receipts will be sent via email where possible \*receipts will be sent via email where possible

Emergency Contact \_\_\_\_\_ Tel. No. \_\_\_\_\_

Practice Night Conflict ? \_\_\_\_\_ My Brother/Sister Plays For \_\_\_\_\_

Who did you play for last season? \_\_\_\_\_ Team Name / Association \_\_\_\_\_ Division (eg. Novice, Atom) \_\_\_\_\_ Category (eg. HL or Rep) \_\_\_\_\_

I would like to play on/with \_\_\_\_\_ (name of CAL team/club). Are you a member of this Church or Parish? \_\_\_\_\_

Is player a Goalie? (U9-Novice & up) YES / NO

Player's age group? U7 (Initiation) \_\_\_\_ U8 (Minor Novice) \_\_\_\_ U9 (Novice) \_\_\_\_ U11 (Atom) \_\_\_\_ U13 (Peewee) \_\_\_\_ U15 (Bantam) \_\_\_\_ U18 (Midget) \_\_\_\_

Goaltenders Discounts for all age groups – U11 (Atom) thru U18 (Midget) Fees by Division Listed Below	PRE-SEASON HOCKEY SCHOOL \$100.00 4 x 50 min. Sept T.B.A All Age Groups _____ U8 thru U18 _____	Fall Power Skating Program Fall Program – Sundays - Oct. TBD U8,U9 & U11 Power Skate – 3 pm_____ U13 Plus Power Skate – 4 pm_____	PD Panthers Assessments Panthers/Player Development \$100.00 - 4 x 50 min. Sept. T.B.A.
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Registration Fees

Pre Season Hockey	\$ 100.00	
Panthers/PD Tryouts	\$ 100.00	
Fall Power Skating – Sunday Afternoons	\$ 200.00	
U7 (Initiation/Fundamentals Program)	\$ 430.00	
U8 (Minor Novice) - *May be combined with U9	\$ 640.00	
U9 (Novice)	\$ 640.00	
U11 (Atom) – Player Fee \$690.00      **U11 Goaltender Fee \$172.50	\$690.00 or \$172.50	
U13 (Peewee) – Player Fee \$750.00      **U13 Goaltender Fee \$375.00	\$750.00 or \$375.00	
U15 (Bantam) – Player Fee \$810.00      **U15 Goaltender Fee \$405.00	\$810.00 or \$405.00	
U18 (Midget) – Player Fee \$820.00      **U18 Goaltender Fee \$615.00	\$820.00 or \$615.00	
Third Child Discount	-\$ 100.00	
**No Additional Discount Can Be Applied as a 3 <sup>rd</sup> or 4 <sup>th</sup> family member		
	TOTAL	\$

**Consent:** My child and I agree that the directors, team officials, committees, employees and instructors of the Church Athletic League are released from any and all claims of damage or loss as a result of injury which may arise from participation of the applicant in Church Athletic League programs. My child and I agree to participate in the activities of the Church Athletic League under its rules and regulations and the aforementioned conditions.  
**Refund Policy:** A request for refund of fees will be considered based on the CAL Refund Policy which is available on the CAL website. A Refund Request Form, available from the CAL website & office, must be completed and submitted with any required supporting documentation to the Church Athletic League office for review and approval. **Forms May Be Submitted by email.** An administration fee of \$50.00 will be deducted from all approved refunds.  
**Payment Policy:** Payments by installment, **for house league hockey only**, may be paid in person or by mail to the Church Athletic League office. A minimum payment of \$100.00 required at registration. The remainder must be paid at time of registration in equal installments as post-dated cheques payable October 1, November 1 & December 1<sup>st</sup>. NSF Charge \$50.00 **All other programs must be paid in full at time of registration (i.e. Pre Season, Skating Programs etc.)**

Signature of parent/guardian or Players 18 and over (registration not valid without signature)

Date

<b>For Office Use only</b>			
Date Received _____	Time _____	Amount _____	Registrar Initials _____
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Date _____	Amount _____	Paid by _____ (name on chq)
Installments:    October 1 <sup>st</sup> Amount _____	November 1 <sup>st</sup> Amount _____	December 1 <sup>st</sup> Amount _____	