



Grandview Recreational Hockey Association

640RiverSt.P.O.Box21013,ThunderBay,ON P7A3S0

Voicemail: 807-768-1429 **Web:** www.grha.ca

Email: info@grha.ca

2026-2027 Season Registration Form

NOT ACCEPTED WITHOUT PAYMENT IN CASH, CHEQUE, MONEY ORDER, OR E-TRANSFER. PLAYERS WILL NOT BE ALLOWED ON THE ICE WITHOUT A PAID REGISTRATION!

Division	Born in	Fee
U7 Stingers 20-21		\$375
U10 Mites 17-19		\$550
U13 PeeWee 14-16		\$550
U16 Bantam 11-13		\$550
U21 Senior 06-10		\$550

Player First Name _____ Player Last Name _____

Parent/Guardian First Name _____ Parent/Guardian Last Name _____

Street _____

City _____ Postal Code _____

Phone _____ Alternate Phone _____

Email _____

Years Played in GRHA: _____

Years Played in Other League: _____

For which Other League: _____

INFORMED CONSENT TO PARTICIPATE

Participating in hockey involves the risk of being injured. GRHA prohibits intentional body contact, falls, collisions and other incidents may occur and cause injury.

I, the parent/guardian (or player if over 18 years of age) understand these risks and am solely responsible for determining the fitness of the above registered player as it relates to their ability to participate safely in the sport of hockey, acknowledge the risks involved, assume all responsibility for injuries or damages, and agree to release GRHA from any liability, negligence, or claims.

I grant GRHA permission to use photographs and/or video footage of my child taken during games, practices and event without any compensation provided.

I have read and reviewed Rowan's Law (Concussion Awareness Resources) with the above player to be registered.

If your child has an existing medical condition, please list it here _____, and discuss with the respective coaches and league executives any safety concerns you may have prior to and during the season.

Players registered with GRHA may NOT be registered in another league.

After reading the above clauses, please sign the consent for your child to participate.

I _____ (parent/guardian) _____ (phone #)
(please print in block letters)

agree that my child will not play for any other hockey league while registered with GRHA. By signing below, I consent that I have read, understood, and do consent to the clauses above.

Signature: _____

VOLUNTEERS ARE NEEDED! WHERE CAN YOU HELP?

GRHA is a volunteer run not-for-profit league.

Coach Team Sponsor Evaluations Phoning Website

AsstCoach Referee League Executive Other _____

*A vulnerable sector criminal reference check is required. GRHA will provide volunteers with a letter for volunteer eligibility.

Comments/Concerns: _____