



**DURHAM DRAGONS SPECIAL HOCKEY
2026/2027 SEASON REGISTRATION**

All information must be completed in full for registration to be complete. Any information not applicable to player should be indicated by N/A

Please email completed form to durhamdragons hockey@gmail.com or
mail registration to: 9 Teresa Drive, Whitby, Ontario L1N 6H9

Name: _____ Date of Birth: _____

Parent/Guardian
Name(s): _____

Address: _____ Town/City: _____

Postal Code _____ Player since: _____

Player Phone: _____ Parent(s) Phone: _____

Player email: _____ Secondary Email: _

Emergency
Contact: _____ Phone: _____

Emergency contact must be reachable during all practices, games & events

MEDICAL INFORMATION

Please provide all medical information including, but not limited to, allergies, seizures, asthma, medications and the interventions/actions required to assist the player. For Players with Down Syndrome: Test Results for Atlanto-Axial dislocation must be attached. Results: Y N

DIAGNOSIS

Examples: ASD, Global Delays, Down Syndrome, Multiple (Please list). All players must indicate their diagnosis in order to assist coaching staff, volunteers and the organization understand and meet their needs.

IMAGE RELEASE

By submitting this completed registration form, you consent to the image of yourself (participant) being used for DDSH related activities, events, promotions & information. I understand that this consent lasts from September 1st of the current season to August 31st of the following year. Consent may be withdrawn by request in writing at any time.

I understand that in the event of an injury requiring medical treatment as deemed by a doctor, power of consent for the deemed treatment is granted to a DDSH Coach, Assistant Coach or Director(s). I understand that DDSH players, volunteers and Directors are covered by insurance provided through membership in Hockey Canada and local membership in the Ontario Hockey Federation. I understand that DDSH and the Town of Ajax are not liable in any way for the players, spectators and/or coaches on or off of the ice.

By submitting a completed registration form, all participants agree that they have read and agree to adherence to the DDSH Code of Conduct (a copy is provided with the blank registration form).

Player: (if able to sign or 18 years+) _____

Parent/Guardian(s): _____

Date: _____

Registration Fees: TBD

\$150 deposit due on, or before, 1st day of practice in September 2026

For DDSH Organization only		
Date	Payment	Method