

FALCONS HOCKEY 2016/2017



Dear Parent or Guardian,

Your child has expressed an interest in playing hockey and helping to build on our rich sports history.

To be a member of the FALCONS, all players must:

- A) Be a good student - attend all classes, complete homework and assignments and be respectful with all members of the school community.
- B) Be medically fit to play (please read and sign the attached form)
- C) Attend all practices (7:00-8:00AM)
- D) Pay a Hockey fee of \$250.00 (Covers the cost of practice ice and tournament fees)
PLEASE PAY by October 4, 2016.

Hockey is a sport that teaches many real-life desired characteristics - perseverance, team work, strong work ethic, mental fortitude and integrity to name just a few. We are confident that your child will receive the best training possible.

Please sign below if your child has your permission to be a member of the PHILEMON WRIGHT FALCONS HOCKEY TEAM.

Name of child: _____

Parent's signature: _____

We can be reached at:

Coach Findlay: 819 776-3158 ext. 2157 or dfindlay@wqsb.qc.ca

If you have any further questions. I look forward to seeing you at our upcoming games and practices.

Other information can be found at www.arseo.qc.ca

Sincerely,
Darcy Findlay

FALCONS HOCKEY 2016/2017



Please sign below if your child is medically fit to play hockey and has your permission to be a member of the PHILEMON WRIGHT FALCONS HOCKEY TEAM.

Name of Student/Athlete _____

Name Of Parent _____

Parent Phone Contact # _____

Health Card # _____

Parent's Signature _____

Date _____

**** Please include a photocopy of your child's health card.**
