

WEST LORNE MINOR HOCKEY ASSOCIATION REGISTRATION FORM 2016/17



Player Information:

Name: _____	Telephone #: _____
Address: _____	P.O. Box: _____
Town: _____	Postal Code: _____
Birth Date: _____ Month Day Year	M / F Gender
E-mail: _____	
Was this child previously registered with West Lorne Minor Hockey? YES NO * **	
* All new players must submit a copy of their Birth Certificate. ** If you have recently moved from another Town/Centre – a RESIDENTIAL MOVE FORM must be completed.	
Position: Goalie / Defence / Forward / Defence or Forward	

Parent/Guardian Information:

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____

Registration Fees:

<p>General Registration:</p> <table style="width: 100%;"> <tr><td>Initiation Program (2011-2013)</td><td>\$275 _____</td></tr> <tr><td>Novice (2008-2009-2010)</td><td>\$535 _____</td></tr> <tr><td>Atom (2006-2007)</td><td>\$535 _____</td></tr> <tr><td>Peewee (2004-2005)</td><td>\$535 _____</td></tr> <tr><td>Bantam (2002-2003)</td><td>\$535 _____</td></tr> <tr><td>Midget (1999-2001) Rep or HL (circle)</td><td>\$535 _____</td></tr> <tr><td>Girls' Hockey (1999 – 2009)</td><td>\$535 _____</td></tr> </table> <p>Girls Gate fee \$100 _____</p> <p>New Player Discount (1999-2010) – minus \$100 _____</p>	Initiation Program (2011-2013)	\$275 _____	Novice (2008-2009-2010)	\$535 _____	Atom (2006-2007)	\$535 _____	Peewee (2004-2005)	\$535 _____	Bantam (2002-2003)	\$535 _____	Midget (1999-2001) Rep or HL (circle)	\$535 _____	Girls' Hockey (1999 – 2009)	\$535 _____	<p>REQUIREMENT – \$200 deposit by May 31st or late fee will apply</p> <p>Fundraising Fee \$100 _____ max 2 per family</p> <p>Volunteer Fee \$100 _____ (\$100/child to a max \$200 per family)</p> <p>Family Discount – minus \$50 _____ (for each child greater than 2)</p> <p>Tryout FEE - add \$50 _____</p> <p>Late Fee - add \$75 _____ (After May 31 – max 1 per family)</p> <p>Total Registration \$ _____</p>
Initiation Program (2011-2013)	\$275 _____														
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Girls' Hockey (1999 – 2009)	\$535 _____														

I have read and initialled the waivers listed on the reverse of this form: _____
Print Name

Signature of Parent or Legal Guardian

Date

**** Please make cheques payable to W.L.M.H.A. ****

<p>Office Use Only</p> <p>Payment Amount @ Registration: \$ <u>200.00</u> per child</p> <p>Payment Rec'd by: _____</p>	<p>Method of Payment: Cash / Cheque</p> <p>Date: _____ Chq #: _____</p>
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Postdated Chq's	May 31-\$200	July 15-\$200	Sept 1-Balance	Dec 1-fundraiser	Jan 1/16-Volunteer
Amount	\$	\$	\$		
Chq#	#	#	#		

Waivers

I, the undersigned certify the information to be provided to be true and in consideration of the granting of this registration to me with the privileges incident thereto, and by registering I have become subject to the rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. and I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions. Further, the information to be provided is required by Hockey Canada to facilitate hockey programs on behalf of the registrant and Hockey Canada. Hockey Canada will treat this personal information with the utmost respect and in accordance with the Hockey Canada Privacy Policy at all times.

Initials _____

The information requested on the registration forms is required by the West Lorne Minor Hockey Association (their executive, coaches, trainers, and referees) for registration purposes and to administer their hockey program. I consent to the collection, use and disclosure of my family's personal information for the purposes identified by the West Lorne Minor Hockey Association and acknowledge that our personal information will not be used or disclosed for any other purposes without our prior consent to do so.

Initials _____