



Wasaga Beach Minor Hockey Association  
PO Box 351  
Wasaga Beach ON L9Z 1A4  
[www.wasagaminorhockey.com](http://www.wasagaminorhockey.com)



**All registrations received after to July 11, 2017 will forfeit the early registration discount. No player will step on the ice until registration fees are paid in full. – NO EXCEPTIONS**

**Players Name:** \_\_\_\_\_  
First Last

**Date of Birth:** \_\_\_\_\_ **Gender:** M or F

**Player Address:** \_\_\_\_\_

**Has this address changed from last year?** Y or N

**Player Information:** \_\_\_\_\_  
Previous Team Level Centre Location Position requesting to play

**Mother's Information:** \_\_\_\_\_  
Name and Address

**Father's Information:** \_\_\_\_\_  
Name and Address

**Main telephone and email:** \_\_\_\_\_

**Name on Tax Receipt:** \_\_\_\_\_

**Office Use Only**

**Date of Registration:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Player Fees: Cash or Chq Amt \_\_\_\_\_ Chq # \_\_\_\_\_ Tax Receipt Supplied: Y or N**

**Rep Tryout Fees – CASH ONLY at first tryout – Will not be permitted on the ice unless paid in full**

**Rep Player Fees: Cash or Chq Amt \_\_\_\_\_ Chq # \_\_\_\_\_ Tax Receipt Supplied: Y or N**

**Bond Cheque: Chq # \_\_\_\_\_ Fund Raising Cheque: Chq # \_\_\_\_\_**

**Registered in HCR: Y or N All Documents Received: Y or N**

## Player Registration Waiver

I, the parent/guardian of the above-named player, hereby consent to his/her participation in the activities of the Wasaga Beach Minor Hockey Association (WBMHA). I understand it will be compulsory for my child to wear protective equipment as specified by the OMHA.

I hereby waive my right of action, causes of action, suits, debt, covenants, contracts, claims and demands whatsoever which I may have or which my heirs, executors, administrators or assigns, or any of them hereafter can, shall or may have for or by reason of any cause, matter or thing whatsoever arising out of the said activities of the WBMHA or the traveling to or from any such activity.

And I covenant to save harmless from and indemnify against manner or actions, suits, debts, covenants, contracts, claims and demands made against the WBMHA by reason of any acts or omissions of the said child causing damage to any property or injury to any person.

Agreement: I have read and understand the above waiver. In addition, I am aware that I will be called upon to provide assistance at WBMHA tournaments, games and at other fundraising projects. This time will be credited towards the bond hours required, the fulfillment of which will prevent the cashing of my bond cheque.

I am also aware that the WBMHA website [www.wasagaminorhockey.com](http://www.wasagaminorhockey.com) contains WBMHA's Rules of Operations and Constitution and that it is my responsibility to familiarize myself with these important documents that govern WBMHA. I also understand that my child's coach will establish Player Rules and a code of conduct that my child will be expected to follow.

**AS A CONSEQUENCE, I ALSO UNDERSTAND THAT MY CHILD OR I COULD FACE  
DISCIPLINARY ACTION FOR FAILING TO COMPLY WITH WBMHA RULES**

Refunds of registration fees will be arranged according to the date the application is received by the Registrar or Secretary and the following table

Up to September 30th = 90% During the month of October = 75% During the month of November =50% The month of December and beyond = NIL

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**Parent Signature**  
**Parent Name**

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**Player Signature (if 18 or over)**  
**Player Name**