

Wasaga Beach Minor Hockey Association PO Box 351 Wasaga Beach, ON L9Z 1A4 www.wasagaminorhockey.com



** All registrations received after to August 1, 2016 will forfeit the early registration discount. No player will step on the ice until registration fees are paid in full. - NO EXCEPTIONS

		PLAYER REGI	STRATION		
Players Name:					
	Last		First		
Date of Birth			Gender	M or F	
Player Address			_		
Has your address cha	Street inged from last year?	Y or N	Town		Postal Code
Mother's Information	1				
	Last	First		Phone	
Father's Information					
	Last	First		Phone	
Playing Information					
	Previous season's tea		Centre-Lo		Players Position
	If none, or other cen	tre please prov	ilue birtii ter	tilicate	
Name on Tax Receipt	:		_	Email(s)	
		OFFICE	USE		
Date of Registration			Division		
Player Fees	Cash or Cheque	Amt	Chq #	Ta	x Receipt Sup Y or N
Rep Tryout fees	Cash or Cheque	Amt	Chq#	Ta	x Receipt Sup Y or N
Rep Player fees	Cash or Cheque	Amt	Chq#	Ta	x Receipt Sup Y or N
Bond Cheque	Chq#	•			
Registered on 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 fullfilment of which will prevent the cashing of my bond cheque.

I am also aware that the WBMHA website 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

Parent\Guardian Signature	Player Signature (if 18 or over)
Parent\Guardian Name	Player Name