

MEDICINE HAT RINGETTE ASSOCIATION PLAYER REGISTRATION 2009-2010 SEASON

NAME:	DATE OF BIRTH:
ADDRESS:	PHONE:
AB HEALTH CARE #:	E-mail address:
DIVISION:	LEVEL OF INTEREST: A__ B__
PARENT(S)/GUARDIAN(S): Please print Mother/Guardian Father/Guardian	YEARS OF EXPERIENCE: ____ Ringette ____ Hockey ____ Other

Fee schedule for 2009-2010 season

First Year Registration: \$125.00 (Masters and Open not included)
Bunny Registration: \$200.00
All other Registration Fee: \$300.00
Family Fee: \$10.00 discount per additional child

****Post-dated cheque(s) must be included with registration forms, with full payment due by September 15, 2009**

****A late registration surcharge of \$50.00 per registration will apply to returning members not registering before June 30, 2009.**

****The Association, depending on individual team requirements **MAY ACCEPT** late registrations. However, these players **WILL NOT** be eligible to try out for "A" level teams.**

UNIFORM AGREEMENT: I am under complete understanding that any uniform(s) issued to the above named player, are my sole responsibility, and they must be returned in clean and good condition (as issued) at the end of the season, or I will be billed \$100.00 per uniform.

Signature of Parent/Guardian

BINGO/CASINO POLICY: You are required to work two (2) bingos or one (1) 2-day casino during the year. Workers must be 18 years old.

Two undated \$200.00 Bingo cheques MUST accompany each family's registration.

Are there any medical reasons past or present that should be considered before your child is allowed to participate in any of the physical activities that occur on and off ice events in association with Medicine Hat Ringette Association.

Yes _____ No _____. If yes. We do not expect disclosure of the condition but do require a doctor's approval before your child will be allowed to participate with any MHRA related activities

WE AND (OR) I, BEING THE _____ OF THE CHILD REGISTERED HEREIN, hereby give our/my permission for _____ to play Ringette under the jurisdiction of the Medicine Hat Ringette Association, I hereby release the Medicine Hat Ringette Association, and all of executive members, coaches, managers, and league officials from any responsibility, financial or otherwise, from any injuries suffered by the same while participating in any practice, game or activities on and off the ice, conducted under the jurisdiction of the Medicine Hat Ringette Association.

WE AND (OR) I, THE UNDERSIGNED, HAVE READ, AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ASSOCIATION.

_____/_____
Signature of Parent/Guardian / Date

Signature of Physician if required

PLEASE NOTE: The accident or liability insurance plan of the Medicine Hat Ringette Association through Ringette Alberta is a secondary insurance, and only covers costs NOT presently covered by the individual parent (player's) private insurance plan or Alberta Health Care.

Do you wish to volunteer in a:

Major Role _____

Minor Role _____

Photos are frequently posted on the Medicine Hat Ringette Website. Please indicate your permission for your child's photo to appear on the website.

I HEREBY APPROVE OF MY CHILD'S PHOTO APPEARING ON THE MEDICINE HAT RINGETTE WEBSITE.

Signature of Parent/Guardian

FOR OFFICE USE ONLY:

FEES PAID: _____ **DIVISION:** _____

METHOD OF PAYMENT: _____ **NO:** _____ **BINGO:** _____