

**MEDICINE HAT RINGETTE ASSOCIATION  
PLAYER REGISTRATION  
2010-2011 SEASON**

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

**Fee schedule for 2010-2011 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, 2010**

**\*\* Except for medical reasons, refunds will not be given out after November 1, 2010.**

**\*\*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:** \_\_\_\_\_