

BLIND RIVER MINOR HOCKEY ASSOCIATION
P.O. Box 1808, Blind River, ON P0R 1B0
REGISTRATION FORM FOR THE 2011/2012 SEASON

FEES FOR THE SEASON ARE AS FOLLOWS:
\$250.00 for the first child
\$165.00 for the second child
\$150.00 for each additional child
\$125.00 flat rate for Pre-Novice (2005-2006-2007)

If you are paying on or before
JUNE 30, 2011, deduct \$50.00
per child(except Pre-Novice).

PLEASE NOTE
THERE WILL BE A \$25.00
FEE FOR ALL NSF CHEQUES

ALL FEES MUST BE PAID IN FULL PRIOR TO THE FIRST PRACTICE

ALL REFUND REQUESTS MUST BE RECEIVED IN WRITING BY OCT. 31ST, 2011.

PREFERENCE: CAHL(house league) NOHA (traveling) REC.

LAST NAME: _____ 1st NAME _____ INT: _____

STREET ADDRESS: _____ MAILING ADDRESS _____

TOWN: _____ POSTAL CODE: _____

HOME PHONE: _____ WORK PHONE: _____

BIRTH DATE: month _____ day _____ year _____ Male Female

MEDICAL HISTORY: If there are any medical/physical/psychological problems that you feel would help our league better meet the needs of your child, please list below:

I/We the parent(s)/guardian(s) of the above named candidate, hereby give our approval to their participation in any and all Blind River Minor Hockey Association Program activities during the current season.

I/We the parents(s)/guardian(s) who have legal custody of the above named candidate, assume all risks and hazards incidental to such participation, including transportation to and from the activities and agree to hold harmless, the local Blind River Minor Hockey Association, the organizers, the sponsors, participants and persons transporting my/our children to and from activities for any claims arising out of an injury to my/our child/children except to the extent and in the amount provided for by accident liability insurance as carried by the Municipal Corporation of the Town of Blind River and its Recreation Committee.

I/We will furnish certified Birth Certificate for the above named candidate upon request for League Officials. Parent(s)/guardian(s) accept the responsibility of sharing equally in the task of transporting children to and from games, practices or events, out of town, so that the burden of such transportation and the cost does not fall exclusively and repeatedly on a few.

CUSTODIAL PARENT(S) APPROVAL

FATHER'S NAME: _____ SIGNATURE: _____

MOTHER'S NAME: _____ SIGNATURE: _____

EMERGENCY CONTACT: _____
(name) (phone)

RECEIPT #: _____ AMOUNT PAID: _____

DISCOUNT: Yes No DATE
PAID: _____

*****IMPORTANT*****

NO REGISTRATIONS WILL BE ACCEPTED AFTER AUGUST 31ST 2011,
UNLESS THERE IS ROOM ON AN EXISTING TEAM (15 players per team).
THERE WILL BE NO DISCOUNT AFTER JUNE 30 2011 - **NO EXCEPTIONS**