



**DORCHESTER MINOR HOCKEY REGISTRATION
2015/2016**

LAST NAME:		FIRST NAME:	
STREET ADDRESS:		Phone Number:	
CITY & POSTAL CODE:		Email:	
PARENT/GUARDIANS:	Mother Name: Father Name:	New to DMHA	Y/N: <i>If yes, please provide copy of Birth Certificate</i>
D.O.B. <i>(year-month-day)</i>		Gender:	M / F

Please complete above by checking appropriate boxes

Register Division by D.O.B.	League Fees (please check) <i>*Sept. 1st or 3 post dated cheques</i>	Register as Goalie \$320.00 <i>*Sept. 1st or post dated cheques</i>	Rep Fees <i>*Oct. 1st cheque</i>	Fundraiser \$100.00 (one per family) ticket #'s <i>*Nov 1st cheque</i>	Good faith Bond \$300.00(one per family) <i>*March 31/2016 cheque</i>	Season Passes \$30.00/per person
Junior Tyke (2010-2011)	\$270.00	N/A	N/A			
Tyke (2008-2009)	\$370.00	N/A	\$275.00 (2008 AE)			
Novice (2007)	\$410.00	N/A	\$235.00			
Atom (2005-2006)	\$435.00	\$320.00	\$235.00			
Pee Wee (2003-2004)	\$485.00	\$320.00	\$250.00			
Bantam (2001-2002)	\$610.00	\$320.00	\$150.00			
Midget (1998-2000)	\$625.00	\$320.00	\$150.00			
Juvenile (pending registration numbers)	\$380.00	N/A	N/A			

*Registration Cheque Dated: September 1ST OR 3 Post dated for July 1st, August 1st, September 1st

Rep Fee: Good Faith: Fundraiser:

Fund Raiser Ticket #'s: _____

DMHA REFUND POLICY: All refunds are subject to an Administration Fee up to \$100. Requests for refunds must be submitted in writing to the Registrar no later than August 9/2015. Requests after this date require Approval by the DMHA executive and will be pro-rated accordingly, no request for refunds will be Accepted after December 31/2015

*Fundraising Tickets must be returned prior to refund being issued

*Try-out fees are non-refundable once a player has skated.

I have read and understood the DMHA refund policy: _____ (please initial)

Privacy Policy: DMHA collects personal information for the purpose of registration in accordance to the OMHA privacy policy.

For more information on the OMHA privacy; please visit their website: www.omha.net

Please see reverse



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Opt-Out Provision I acknowledge and understand that additional products or services, including promotional items, which may be of interest to the members of Dorchester Minor Hockey Association may be communicated to me through DMHA, or the OMHA & that they may disclose the member's name and address indicated on this form to third parties. If you **DO NOT WISH** to have this information used or disclosed, please initial here: _____

INFORMATION FOR PARENTS/GUARDIANS CONCERNING THE D.M.H.A POLICY ON DRUGS & ALCOHOL

1. Players are not to be in the possession of, nor under the influence of any drugs or alcohol while participating in games &/or practices or while traveling to and from games &/ or practices.
2. Infractions to the above will result in either short-term suspension or permanent dismissal from the team as determined by the hockey committee.
3. Coaches are responsible for reporting known infractions to the hockey committee.
4. Alcohol or drugs are not permitted on or in vehicles in which D.M.H.A athletes are being transported.
5. Athletes, parents/guardians and persons traveling with the team are expected to conform to the laws of the province.
6. The D.M.H.A reserves the right to deny access to persons who travel with the team on team buses. Prior to departure, the team manager must present a manifest list to the Hockey President.

I hereby agree to abide by the rules, regulations and by-laws of the Dorchester Minor Hockey Association, Ontario Minor Hockey and Hockey Canada. I also acknowledge that the D.M.H.A is not responsible for any injuries or accidents, either prior, during or following games or practices, not for any damages or loss of personal belongings, however caused and D.M.H.A shall be released from any and all such claims. I acknowledge and understand the risks involved to my child as a participant in this activity. I hereby declare that the above information is true to the best of my knowledge and belief, and give permission for the above named child to participate in the program and for my information on this form to be shared with the hockey committee for preparation of this year's season.

Signature of
parent/guardian _____ Date: _____