



**DORCHESTER DRAGONS MINOR HOCKEY REGISTRATION
2016-2017**

FIRST NAME		LAST NAME	
STREET ADDRESS		PHONE NUMBER	
CITY/POSTAL CODE		EMAIL	
PARENT/GUARDIANS		NEW TO DMHA?	Y / N
DOB (yyyy/mm/dd)		GENDER	

**If new to DMHA, you MUST provide a copy of child's birth certificate with registration*

Division	League Fees <small>*Sept 1st or 3 post dated cheques</small>	Goalie Fees <small>*Sept 1st or 3 post dated cheques</small>	Rep Fees <small>*Oct 1st cheque</small>	Fundraiser (One per family) <small>*Nov 1st cheque</small>	Good Faith Bond <small>*Mar 31/17 cheque</small>	Season Passes
Jr. Tyke (2011-2012)	\$275	N/A	N/A			
Tyke (2009-2010)	\$380	N/A	\$280 ('09 AE)			
Novice (2008)	\$420	N/A	\$240			
Atom (2006-2007)	\$445	\$325	\$240			
PeeWee (2004-2005)	\$495	\$325	\$255			
Bantam (2002-2003)	\$620	\$325	\$155			
Midget (1999-2001)	\$640	\$325	\$155			
Juvenile (pending registration #'s)	\$390	N/A	N/A			

CHEQUE NUMBERS

Registration - Dated: Sept 1st _____ OR July 1st _____ Aug 1st _____ Sept 1st _____
 Rep Fee: _____ Good Faith: _____ Fundraiser: _____
 Fundraiser Ticket Numbers: _____

DMHA REFUND POLICY: All refunds are subject to an Administration Fee up to \$100.
 Request for refunds must be submitted in writing to the Registrar no later than August 15, 2016. 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 31/2016. 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)



**DORCHESTER DRAGONS MINOR HOCKEY REGISTRATION
2016-2017**

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 and 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 DMHA POLICY ON DRUGS AND ALCOHOL

1. Players are not to be in the possession of, nor under the influence of any drugs or alcohol while participating in games and/or practices or while travelling to and from games and/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 DMHA athletes are being transported.
5. Athletes, parents/guardians and persons travelling with the team are expected to conform to the laws of the province
6. The DMHA 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 DMHA 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 DMHA 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 DMHA 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: _____