**2018 -2019 HOCKEY SEASON REGISTRATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME: |  | DOB (MM/DD/YYYY): |  | SEX: |  |
| ADDRESS OR LEGAL LAND DISCRIPTION: |  |
| MAILING ADDRESS:  |  |
| TOWN: |  | POSTAL CODE: |  |
|  |  |  |  |  |
| REGISTERED WITH BENTLEY MINOR HOCKEY LAST YEAR:  | **[ ]**  | YES | **[ ]**  | NO |
| *IF NO WHEN AND WHERE WAS YOUR CHILD LAST REGISTERED:* *(please also hand in Parent Declaration)* |  |
|  |  |  |  |  |
| HAVE YOU TAKEN RESPECT IN SPORT PARENT? | **[ ]**  | YES | **[ ]**  | NO  | *(Registration will only be completed once course is finished)* |
| GUARDIAN NAME: |  | GUARDIAN NAME: |  |
| RELATION: |  | RELATION: |  |
| ADDRESS: |  | ADDRESS: |  |
| PHONE#: |  | PHONE#: |  |
| EMAIL:  |  | EMAIL:  |  |
|  |
| IS PARENT WILLING TO HELP:  | **[ ]**  | YES | **[ ]**  | NO | *IF YES, IN WHAT CAPACITY:* |  |
|  |
| EMERGENCY CONTACT: |  | PHONE#: |  |
|  |
| DO YOU HAVE ANY ISSUES WITH YOUR CHILD’S NAME AND/OR IMAGE BEING PUBLISHED? | **[ ]**  | YES | **[ ]**  | NO |
|  | *IF YES PLEASE SIGN AND HAND IN THE BENTLEY MINOR HOCKEY PUBLICITY FORM* |
|  |
| DOES YOUR CHILD HAVE ANY MEDICAL CONCERNS THAT THE COACHING STAFF SHOULD BE AWARE OF? (PLEASE EXPLAIN): |
|  |
|  |
|  |
| **DIVISION:** | **4 YR OLD (2013)** | **INITIATION (2011-2012)** | **NOVICE (2009-2010)** | **ATOM (2007-2008)** | ***PEEWEE (2005-2006)*** | ***BANTAM (2003-2004)*** | ***MIDGET (2000-2002)*** |
| REGISTRATION FEE: | 175 | 200 / 400\* | 475 | 525 | *600* | *675* | *750* |
| FUNDRAISING FEE: | 200 | 200 | 200 | 200 | *200* | *200* | *200* |
| REGISTRATION NIGHT DISCOUNT: |  |  |  |  |  |  |  |
| TOTAL: |  |  |  |  |  |  |  |
| \*If this is your first year playing Initiation with BMH your registration fee is ½ price.  |
| **FULL PAYMENT:** | **[ ]**  | CASH | **[ ]**  | DEBIT | **[ ]**  | M/C | **[ ]**  | VISA | **[ ]**  | CHEQUE # |
| **PARTIAL PAYMENT:** We will accept partial payments, Option 1: ½ Sept 7 & ½ Oct 1 or Option 2: 1/3 Sept 7 & 1/3 Oct 1 & 1/3 Nov 1 |
| SEPTEMBER 7 | 1ST PAYMENT:  | **[ ]**  | CASH | **[ ]**  | DEBIT | **[ ]**  | M/C | **[ ]**  | VISA | **[ ]**  | CHEQUE # |  |
| OCTOBER 1 | 2nd PAYMENT: | **[ ]**  | CHEQUE # |  |  |
| NOVEMBER 1  | 3rd PAYMENT: | **[ ]**  | CHEQUE # |  |  |
| **VOLUNTEER CHEQUE#** |  | (ONLY CASHED IF FUNDRASING DUTIES NOT PREFORMED) |
| IN CONSIDERATION OF BENTLEY MINOR HOCKEY AND RINGETTE ASSOCIATION ACCEPTING THIS REGISTRATION AND THERBY ALLOWING MY CHILD(S) TO PARCTICIPATE IN THE AFFAIRS OF THE ASSOCIATION, I, FOR MYSELF, MY HEIRS, ADMINSTRATORS, SUCCESORS, AND ASSIGNS HEREBY WAIVE MY OR MY CHILD’S RIGHTS TO DAMAGES AGAINST AND RELEASE FROM ANY CLAIM FOR DAMAGES THE BENTLEY MINOR HOCKEY AND RINGETTE ASSOCIATION OR ANY OFFICE, AGENT, SERVANT, OR MEMBER THEROF WITH RESPECT TO ANY CLAIM THAT I OR MY CHILD MIGHT HAVE ARISING FROM ANY HOCKEY OR RINGETTE EVENT OR ACTIVITY WHATSOEVER SORT IN WHICH I OR MY CHILD AM INVOLVED IN, FOR ANY OR ALL INJURIES IN WHICH MAY BE SUFFERED IN THIS REGARD. |
| I HAVE READ THE ABOVE AND HEREBY SIGNIFY MY UNDERSTANDING OF IT AND THE AGREEMENT. |
| GUARDIAN SIGNATURE: |  | DATE: |  |  |
| PRINT NAME: |  |  |  |

**BENTLEY MINOR HOCKEY AND RINGETTE ASSOCIATION**

**2018-2019 HOCKEY SEASON**

Dear Parents/Guardians:

Bentley Minor Hockey and Ringette Association recognizes the need to protect individual’s privacy when promoting the ongoing instructional and extracurricular activities within our organization. Publicity of the teams and association occurs in such forms as pre-arranged media visits, publication of photos to our website, and the distribution of photos and information to local media outlets.

With player privacy in mind, our association wishes to ensure parents have a choice about allowing their children to be involved in such promotional affairs.

Please fill out this form ONLY IF YOU DO **NOT** WISH FOR YOUR CHILD TO BE INCLUDED IN OUR PUBLICITY EFFORT, and return it to the association.

If we **DO NOT** receive this signed form from you, the Bentley Minor Hockey and Ringette association will assume that it may use your child’s name and images in publicity materials.

PLEASE ALSO NOTE: Signing and returning this document applies only to external publicity efforts: It does not exclude your child from team photos which are also optional

CHILDS NAME: .

PARENT OR GAURDIANS NAME: .

SIGNATURE: .

DATE: .