



Brooks Minor Hockey Association Registration 2017-2018



Division: _____ Birth Date: _____ Alberta Health Care# _____ (MM/DD/YY)			
Player Information			
Last Name: _____		First Name: _____	
Address: _____			
PO Box: _____		City: _____	Postal Code: _____
Gender: _____		Position: _____	Shoots: _____
Use legal land description in address if rural			
Parent / Guardian Information:			
Father's Name: _____		Mother's Name: _____	
Father's Cell: _____		Mother's Cell: _____	
E-Mail Address: _____		Player's Home Phone: () _____	
Coach Manager Registration			
Coaches, Assistant Coaches and Managers are needed for all levels. Please take an active role in your child's Hockey Season.			
I would be willing to be a COACH ASST COACH MANAGER (circle one) In the _____ Division			
Coaches Certificates Obtained (circle)			
Coach Level 1 Speak Out Safety Initiation Checking Other: _____			
All volunteers working with any minor hockey teams are required to do a police check			
Clinic dates for 2017 -2018 season TBA			
<p>WE THE UNDERSIGNED BEING PARENTS, LEGAL GUARDIANS OF THE MINOR _____ DO HEREBY CONSENT TO THE SAID MINOR PARTICIPATING IN THE ACTIVITIES OF THE BROOKS MINOR HOCKEY ASSOC. AND DO HEREBY REMISE, RELEASE AND FOREVER DISCHARGE THE SAID BROOKS MINOR HOCKEY ASSOC. OR ITS SUCCESSORS AND ASSIGNS OF AND FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS OR CAUSES OF ACTION OF WHAT SO EVER KIND OR NATURE ARISING FROM, OR BY REASON OF, ANY AND ALL KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN BODILY OR PERSONAL INJURIES, DAMAGE TO PROPERTY AND THE CONSEQUENCES THEREOF WHICH HERETOFORE HAVE BEEN OR WHICH HEREAFTER MAY BE SUSTAINED BY THE SAID MINOR OR BY THE SAID CLAIMANTS OR BY ANY PERSON OR PERSONS HAVING LEGAL INTEREST THERIN IN CONSEQUENCE OF SUCH ACCIDENT OR RESULTING INJURIES BY SUCH PARTICIPATION IN ANY ACTIVITIES OF THE BROOKS MINOR HOCKEY ASSOCIATION. AND I _____ PARENT AND NATURAL GUARDIAN OF THE ABOVE MINOR ACCEPT THE TERMS OF THIS REGISTRATION INCLUDING THE RELEASE FROM RESPONSIBILITY. I hereby consent for the information listed above to be used on my child's team micro-site within the Brooks Minor Hockey Association website, as well as for information from time to time to be released to the media about my child's team:</p>			
Parent / Guardian Signature: _____		Date: _____	
Office Use Only			
Registration Fee		Amount Due	Paid By:



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Male and Female

Division	Year Of Birth	Age	Early Bird Discount	After July 15/17
Initiation 4	2013	4 Years old	\$199	\$199
Initiation 5/6	2012-2011	5 & 6	\$375	\$375
Novice	2010-2009	7 & 8	\$475	\$625
Atom	2008-2007	9 & 10	\$650	\$800
Pee-Wee	2006-2005	11 & 12	\$675	\$825
Bantam	2004-2003	13 & 14	\$700	\$850
Midget	2002-2001-2000	15, 16 & 17	\$725	\$875

All Players must be registered and paid in full before they step on the ice.

Brooks Minor Hockey Registration – Male & Female

- **Minimum \$100 due at time of registration (NON-REFUNDABLE)**
- **Payment Plan Available = 3 EQUAL PAYMENTS Balance due by October 1st, 2017**
- **Must provide post dated cheques**
- **Fees not paid by October 1st, 2017 will result in player being suspended from the association.**
- **\$30 charge for NSF cheques. All payments after NSF cash only. Player suspended until paid in full.**
- **All fees include team and individual pictures**
- **Please fill out separate forms for each child playing.**
- **\$50 Family discount for third child registered to one family.**
- **NO REFUNDS WILL BE GIVEN AFTER DEC 15TH, 2017. ALL REFUNDS PRIOR TO DEC 15TH WILL BE SUBJECT TO AN ADMINISTRATION FEE. BMHA RESERVES THE RIGHT TO REFUSE REGISTRATION TO ANY PLAYER/FAMILY.**

3 Ways to Register

1. ON LINE REGISTRATION www.brooksminorhockey.com Starting June 1st 2017
2. REGISTER BY MAIL (return all forms and cheques to): **Brooks Minor Hockey
Box 2002
Brooks, Alberta T1R 1C7**
3. IN PERSON at **JBS Canada Centre** on the following dates:
JUNE 14, 20, and JULY 11
5:00pm-7:30pm