



## REGISTRATION INFORMATION



PLEASE READ THE OUTLINES CAREFULLY AND SIGN THE BOTTOM OF REGISTRATION FORM ON PAGE TWO AND THE RELEASE FORM ON PAGE THREE.

**If your registration fee and/or meetings fee is not paid in full and/or kitchen cheques are not submitted by October 1st, 2017 YOUR CHILD WILL NOT BE ALLOWED ON THE ICE.**

### Registration price includes:

- insurance and registration with A.A.H.A.
- ice rentals (including weekly practice & home games)
- 1 pair of Hockey socks
- 1 Memory Mate (team photo & individual) Standard Style
- \*The above fees do not include Ag. Passes. Ag Passes are to be paid to The Delburne Ag. Society.

**June 30th, 2017 - deposit of half the registration fee must be paid to guarantee a spot on the team.**

Final Registration payment is due **October 1st, 2017.**

Final registration fees may change due to changes beyond DMH control.

**\*It is required that 15 hours are worked in the AG Society kitchen or \$175 payment is made (per player).**

→If you are paying to have your kitchen worked for you please make cheque in the amount of \$175.00 for Oct.1/17.

→If you are planning to work your 15 kitchen hours please write a postdated cheque for March 31st, 2018 for \$175.00.

**\*It is mandatory for one parent/guardian from each family to attend the Annual General Meeting (\$50 cheque that is required at registration will be cashed if family representative is not present). It is strongly recommended that one parent/guardian attends the monthly meetings as well.**



# 2017/2018 Season

Please make cheques payable to DELBURNE MINOR HOCKEY.

Completed Registration Forms (including kitchen and meeting cheques) and payment may be mailed to: Delburne Minor Hockey at Box 267, Delburne AB T0M 0V0, post marked BEFORE July 1st . Extra forms are also available at [www.delburneminorhockey.com](http://www.delburneminorhockey.com). If you have any questions or concerns please email us by going to [www.delburneminorhockey.com](http://www.delburneminorhockey.com) and click on “email us”, or by emailing [delburneminorhockey@outlook.com](mailto:delburneminorhockey@outlook.com)

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
LEGAL BIRTH NAME YEAR / MONTH / DAY

ADDRESS \_\_\_\_\_  
STREET OR BOX # TOWN POSTAL CODE

LEGAL LAND DISCRPTION \_\_\_\_\_

PARENTS NAMES:

\_\_\_\_\_  
FATHER Home Phone Work Phone Cell Phone

\_\_\_\_\_  
MOTHER Home Phone Work Phone Cell Phone

Email address(es):

\_\_\_\_\_

Alternate Emergency Contact

NAME \_\_\_\_\_ PHONE \_\_\_\_\_



# 2017/2018



## REGISTRATION FORM AGE CLASSIFICATIONS: (AS OF DECEMBER 31, 2017) WITH EARLY BIRD PRICING

INITIATION 6 & under	[ ]	\$189.00
NOVICE 8 & under	[ ]	\$343.00
ATOM 10 & under	[ ]	\$395.00
PEE WEE 12 & under	[ ]	\$437.00
BANTAM 14 & under	[ ]	\$509.00
MIDGET 17 & under	[ ]	\$557.00

Registration price includes; insurance and registration with A.A.H.A., ice rentals and 1 pair of socks as well as a team photo. The registration fees do not include Ag. Passes. Ag Passes are to be paid to The Delburne Ag. Society.

**June 30th, 2017** -Deposit of half the registration fee must be paid in order to guarantee a spot on the team.

**October 1st, 2017** – Final registration payment. Fees may change due to changes beyond DMH control.

**A \$200.00 fee will be added to registration cost after June 30th, 2016, AS THE NEW FULL REGISTRATION FEE.**

\*If you cancel registration \$50.00 will be deducted for administration fees.

**Please make cheques payable to DELBURNE MINOR HOCKEY.**

**All registrants are required to show proof of age; a copy of the birth certificate is required for all first time players.**

I, \_\_\_\_\_, hereby confirm that I have read and agree to all the terms and conditions listed on both pages of the registration form.

Signed \_\_\_\_\_ Date \_\_\_\_\_



## 2017/2018 RELEASE FORM

The information collected will be used to register the participant in Delburne Minor Hockey. The information will be used by staff and the coach to assign the participant to a team, to contact parents/guardians concerning the game schedule and changes, to create team contact lists for coaches and participants, and to contact individuals as necessary in the case of an emergency. For further information contact our secretary, Debra Geertsma, at 403-749-2279 or [delburneminorhockey@outlook.com](mailto:delburneminorhockey@outlook.com).

\_\_\_\_\_ Yes \_\_\_\_\_ No - Please include my name, my child's name and contact information in the team list that will be distributed to other parents.

\_\_\_\_\_ Yes \_\_\_\_\_ No - I consent to post names, team lists, team schedules, and other personal information on our website.

\_\_\_\_\_ Yes \_\_\_\_\_ No - I consent to the release of the participants name and/or photograph to any form of print only media.

\_\_\_\_\_ Yes \_\_\_\_\_ No - I consent to Delburne Minor Hockey contacting me via email

E-mail address: \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No - Please add me to the private Facebook group

**I consent to the collection of my/my child's personal information for the purposes stated above.**

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

**I have read and agree to the DMHA Codes of Conduct as posted on the DMHA website for the following categories:**

**Player Codes of Conduct:**

Player's name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Parent/Guardian Codes of Conduct:**

Parent/Guardian name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Coaches Codes of Conduct (when applicable):**

Coach name: \_\_\_\_\_ Signature: \_\_\_\_\_



# TAX FORM

Please complete the top portion of this form and mail back to association or hand to our treasurer, Leslie Raniseth.

\_\_\_\_\_ **did pay \$** \_\_\_\_\_  
Parent name Registration amount for the year

**In registration fees to the Delburne Minor Hockey Association for the 2016-2017 hockey season for** \_\_\_\_\_.  
Delburne District Minor Hockey Participant's name

Society Non-Profit #503-281-909 Since 1985

=====

**Current Treasurer:** \_\_\_\_\_  
Print Name Signature

**Date:** \_\_\_\_\_

# Ag Passes 2017-2018 Winter Season

Please make cheques payable to the Delburne Ag Society.

Please check the appropriate line for which pass you would like to purchase.

\_\_\_\_\_ **Individual Pass, \$35**

**Name:** \_\_\_\_\_

\_\_\_\_\_ **Family Pass \$65**

**Individual Names:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email addresses on account:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_