



QUESNEL & DISTRICT MINOR HOCKEY
2018/2019 REGISTRATION FORM

qdmha@shaw.ca (250) 992-2119 www.qdmha.com

PLAYER NAME: LAST FIRST

PLAYER ADDRESS: POSTAL CODE:

BIRTH DATE: (MM/DD/YR): MALE FEMALE

CONTACT PHONE: PLAYER (Phone # where they live)

DAD: (h) (w) (c)

MOM: (h) (w) (c)

CONTACT EMAIL: DAD MOM

RECREATION PASS #: CARE CARD #

Table with 4 columns: Category, Price Before April 1, Price After April 1, Price After Sept 1. Rows include First Time Players, Under Atom 4-6 Yrs, Under Atom 7-8 Yrs, Atom 9-10 Yrs, Pee Wee 11-12 Yrs, Bantam 13-14 Yrs, Midget 15-17 Yrs.

REP TRYOUT FEE \$ 50.00

PARENT INFORMATION: (enter address and phone # - if different from above)

FATHERS NAME: ADDRESS: PH#

MOTHERS NAME: ADDRESS: PH#

ALTERNATE EMERGENCY CONTACT:

NAME: PHONE #

SIGNATURE AND WAIVER: We hereby acknowledge the authority of the CAHA, BCAHA and QDMHA and agree to carry out and abide by the Constitution, Bylaws, and rules and regulations of those associations.
RELEASE: In consideration of this application to play under the auspices of QDMHA, I do hereby for myself, heirs, executors, administrators and assigns, remise, release and forever discharge the CAHA, BCAHA, QDMHA, its officers, or anyone acting on their behalf from all manner of litigation, damage, claims, or demands in law or equity which I may have or acquire by reason of person injury, loss or damage to property, which may occur during or by reason of participation in the activities of QDMHA.

EQUIPMENT: We, at the end of each season covered by this registration, agree to return all equipment provided by QDMHA in good condition and should we fail to do so we agree to reimburse the QDMHA for the replacement of the same.

PARENTS NAME:

PARENTS SIGNATURE:

REFUND POLICY: ALL REQUESTS FOR REFUNDS MUST BE MADE IN WRITING, REFUNDS WILL HAVE INSURANCE COSTS DEDUCTED. ANY REFUNDS AFTER OCTOBER 15TH WILL BE CHARGED A \$30.00 ADMINISTRATION FEE.