



**2017/2018 REGISTRATION FORM  
TAYLOR MINOR HOCKEY ASSOCIATION  
BOX 738 TAYLOR BC V0C 2K0**

**REGISTRAR: TAMMY MACKENZIE  
250-264-8662 registrar@taylorminorhockey.com**

**PLEASE FILL IN ALL INFORMATION**

**PLAYER NAME:**

\_\_\_\_\_

FIRST LAST

**BIRTHDATE:**

\_\_\_\_\_

MM/DD/YR

**MALE:**

\_\_\_\_\_

**FEMALE:**

**ADDRESS:**

\_\_\_\_\_

**CITY:**

\_\_\_\_\_

**POSTAL CODE:**

\_\_\_\_\_

**MOTHER:**

\_\_\_\_\_

**PHONE NUMBER**

**FATHER:**

\_\_\_\_\_

**PHONE NUMBER**

**EMAIL:**

\_\_\_\_\_

**EMAIL:**

\_\_\_\_\_

**EMERGENCY CONTACT:**

\_\_\_\_\_

**NAME**

**PHONE NUMBER**

		<b>FEE</b>	<b>DUE BY SEPT 1 2017</b>	<b>CASH/CHQ/ONLINE/PAYMENT PLAN</b>
<b>LEARN TO PLAY</b>	<b>2013/2014</b>	<b>\$250.00</b>	<b>\$50.00</b>	
<b>PRE-NOVICE</b>	<b>2011/2012</b>	<b>\$300.00</b>	<b>\$75.00</b>	
<b>NOVICE</b>	<b>2009/2010</b>	<b>\$350.00</b>	<b>\$100.00</b>	
<b>ATOMS</b>	<b>2007/2008</b>	<b>\$425.00</b>	<b>\$125.00</b>	
<b>PEEWEE</b>	<b>2005/2006</b>	<b>\$425.00</b>	<b>\$125.00</b>	
<b>BANTAM</b>	<b>2003/2004</b>	<b>\$450.00</b>	<b>\$150.00</b>	
<b>MIDGET</b>	<b>2000/2001/2002</b>	<b>\$450.00</b>	<b>\$150.00</b>	

**DISCOUNTS:**

**PLEASE NOTE:**

**IF YOU REGISTER BEFORE AUGUST 1, 2017 AND PAY IN FULL OR SET UP A PAYMENT PLAN BEFORE SEPTEMBER 1, 2017 YOU WILL RECEIVE 10% OFF THE TOTAL REGISTRATION FEE. THIS INCLUDES MULTIPLE CHILDREN. IF YOU DO NOT REGISTER BEFORE AUGUST 1, 2017 THEN YOU WILL RECEIVE NO DISCOUNT. THERE IS NO MULTIPLE CHILD DISCOUNT ON TOP OF THE EARLY DISCOUNT.**

**PLEASE NOTE:**

**THE FEE DUE ON SEPTEMBER 1, 2017 MUST BE PAID BY EVERYONE EVEN IF YOU CHOOSE THE PAYMENT PLAN OPTION.**

**PAYMENT PLAN:**

TO BE SET UP ON THE PAYMENT PLAN YOU NEED TO CONTACT THE REGISTRAR AND SIGN A PAYMENT CONTRACT.

MONTHLY FEES ARE DUE ON THE FIRST OF EACH MONTH. YOU CAN PAY BY CREDIT CARD, POSTDATED CHEQUE OR AUTO WITHDRAWAL FROM YOUR BANK ACCOUNT. IF THE PAYMENTS BOUNCE YOU WILL BE CHARGED A FEE. YOU ARE STILL REQUIRED TO PAY THE "DUE AT REGISTRATION FEE" BEFORE YOUR CHILD STARTS PLAYING HOCKEY. IF YOUR MONTHLY FEE BOUNCES YOUR CHILD WILL BE SAT UNTIL PAYMENT IS MADE IN FULL. YOU WILL BE CHARGED ANY APPLICABLE FEES ASSOCIATED WITH THE PAYMENT PLAN.

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND IN CONSIDERATION OF THE GRANTING OF THIS CERTIFICATE TO ME WITH THE PRIVILEGES INCIDENT THERETO, AND BY SIGNING THE CERTIFICATE, I HAVE BECOME SUBJECT TO THE RULES, REGULATIONS, AND DECISIONS OF HOCKEY CANADA, IT'S BRANCHES AND DIVISIONS. I AGREE TO ABIDE BY SUCH RULES, REGULATIONS, AND DECISIONS OF HOCKEY CANADA, BRANCHES OR DIVISIONS. THE INFORMATION REQUESTED ABOVE IS REQUIRED BY HOCKEY CANADA TO FACILITATE HOCKEY PROGRAMS ON BEHALF OF THE REGISTRANT AND HOCKEY CANADA. HOCKEY CANADA WILL TREAT THIS INFORMATION IN ACCORDANCE WITH

HOCKEY CANADA PRIVACY POLICY AT ALL TIMES.

**DATE:**

\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:**

\_\_\_\_\_



2017/2018 MEDICAL FORM  
 TAYLOR MINOR HOCKEY ASSOCIATION  
 BOX 738 TAYLOR BC V0C 2K0

REGISTRAR: TAMMY MACKENZIE  
 250-264-8662 registrar@taylorminorhockey.com

PLEASE FILL IN ALL INFORMATION

PLAYER NAME: \_\_\_\_\_  
 FIRST \_\_\_\_\_ LAST \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ CARE CARD # \_\_\_\_\_  
 MM/DD/YR

EMERGENCY CONTACT: \_\_\_\_\_

PRIOR TO A PLAYER PARTICIPATING IN A HOCKEY PROGRAM, ANY MEDICAL CONDITION OR INJURY PROBLEM SHOULD BE NOTED. MEDICAL FORMS MUST BE COMPLETED PRIOR TO ANY ON ICE ACTIVITY.

PLEASE CIRCLE AND EXPLAIN:

MEDICAL ALERT BRACLET	YES	NO			
ALLERGY TO MEDICATION	YES	NO	LIST:		
ALLERGY TO FOOD	YES	NO	LIST:		
ON MEDICATION	YES	NO	LIST:		
HISTORY OF CONCUSSION	YES	NO	DATE OF LAST ONE:		
ASTHMATIC	YES	NO	HOSPITALIZED IN THE LAST YEAR	YES	NO
EPILEPTIC	YES	NO	INTERFERING HEALTH PROBLEMS	YES	NO
DIABETIC	YES	NO	ILL LONGER THAN ONE WEEK IN LAST YEAR	YES	NO
HEART CONDITION	YES	NO	SURGERY IN THE LAST YEAR	YES	NO
LEARNING DIABILITY	YES	NO	EXPLAIN:		
HEARING DIFFICULTIES	YES	NO			
WEARS GLASSES	YES	NO	PRESENTLY INJURED	YES	NO
WEARS CONTACTS	YES	NO	EXPLAIN:		
WEARS DENTAL APPLIANCE	YES	NO			

EXPLANATION OF ANY MEDICAL ISSUE NOT NOTED ABOVE:

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP THE TEAM SAFETY PERSON ADVISED OF ANY CHANGES IN THE ABOVE INFORMATION AS SOON AS POSSIBLE. IN THE EVENT OF A MEDICAL OR DENTAL EMERGENCY AND THAT NO ONE CAN BE CONTACTED, TEAM MANAGEMENT OR ANYONE ACTING ON BEHALF OF TAYLOR MINOR HOCKEY WILL ARRANGE TO TAKE MY CHILD TO THE HOSPITAL OR A PHYSICIAN IF DEEMED NECESSARY. I HEREBY AUTHORIZE THE PHYSICIAN AND NURSING STAFF TO UNDERTAKE EXAMINATION, INVESTIGATION AND NECESSARY TREATMENT OF CHILD WRITTEN ABOVE. I ALSO AUTHORIZE RELEASE OF INFORMATION TO APPROPRIATE PEOPLE (COACH, PHYSICIAN) AS DEEMED NECESSARY.

DATE: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_



2017/2018 PARENT INFO FORM  
TAYLOR MINOR HOCKEY ASSOCIATION  
BOX 738 TAYLOR BC V0C 2K0

REGISTRAR: TAMMY MACKENZIE  
250-264-8662 registrar@taylorminorhockey.com

**PARENTS PLEASE READ AND SIGN**

**RESPECT IN SPORT:**

\_\_\_\_\_  
INITIAL ONE PARENT, OF EVERY PLAYER IS REQUIRED TO HAVE THE RESPECT IN SPORT (RIS)  
PARENT OR COACHES PROGRAM PRIOR TO OCTOBER 1, 2017. PER BC HOCKEY, THERE IS NOW A 4 YEAR EXPIRY  
DATE TO ALL RIS OR SPEAK OUT COURSES. TO COMPLETE THE COURSE PLEASE VISIT THE WEBSITE BELOW  
[HTTPS://BCHOCKEYPARENT.RESPECTGROUPINC.COM](https://bchockeyparent.respectgroupinc.com)

**CODE OF CONDUCT/FAIR PLAY:**

\_\_\_\_\_  
INITIAL ALL PARENTS AND PLAYERS ARE REQUIRED TO READ, AGREE AND ABIDE TO TAYLOR MINOR HOCKEY  
ASSOCIATION'S CODE OF CONDUCT. COACHES AND VOLUNTEERS ARE ALSO TO READ, AGREE AND ABIDE BY  
TAYLOR MINOR HOCKET ASSOCIATION'S COACHES CODE OF CONDUCT

**TMHA POLICY AND PROCEDURES AND CONSTITION:**

\_\_\_\_\_  
INITIAL ARE AVAILABLE ONLINE ON OUR WEBSITE [www.taylorminorhockey.com](http://www.taylorminorhockey.com)  
AS A PARENT YOU ARE ASKED TO READ AND REVIEW THE POLICIES AND ADHERE BY ALL THE RULES SET OUT  
IN THESE POLICIES.

**PHOTO RELEASE:**

\_\_\_\_\_  
INITIAL IF FOR ANY REASONS YOUR CHILD'S PHOTOGRAPH CANNOT BE TAKEN OR PUBLISHED  
PLEASE CONTACT TMHA EXECUTIVE TO DISCUSS

**JERSEYS:**

\_\_\_\_\_  
INITIAL TMHA WILL SUPPLY EACH TEAM WITH A FULL SET OF JERSEYS FOR THE SEASON. PLAYER'S JERSEYS  
ARE TO BE RETURNED AFTER EACH GAME AND TOURNAMENT TO THE TEAM APPOINTED JERSEY PARENT, AND  
TO TMHA AT THE END OF EACH SEASON. FAILURE TO DO SO MAY RESULT IN A FEE TO THE PARENT/PLAYER  
FOR REPLACEMENT COSTS OF THE JERSEY

**FUNDRAISING:**

\_\_\_\_\_  
INITIAL PARENTS OF PLAYERS REGISTERED WITH TMHA ARE REQUIRED TO PARTAKE IN ALL TMHA  
FUNDRAISING ACTIVITES IN ORDER TO REMAIN IN GOOD STANDINGS WITH THE ASSOCIATION. FUNDS RAISED  
BY PARENTS AND THE ASSOCIATION HELP OFFSET THE COST OF HIGHER REGISTRATION FEES.  
PARENTS ARE OBLIGATED TO FILL 4 BLOCKS FOR THE FIRST CHILD AND 2 BLOCKS FOR EACH ADDITIONAL CHILD  
IF BLOCKS ARE NOT FILLED BY MARCH 15, 2018 PARENTS MUST PAY \$100.00 PER BLOCK NOT FILLED

I \_\_\_\_\_, THE LEGAL GUARDIAN OF \_\_\_\_\_,  
PARENT NAME PLAYER NAME

HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS FOR REGISTRATION WITH TAYLOR MINOR HOCKEY  
ASSOCIATION AND AGREE TO ABIDE BY THESE REQUIREMENTS IN ORDER FOR MY CHILD TO PLAY.

DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_



**2017/2018 PAYMENT PLAN CONTRACT**

**TAYLOR MINOR HOCKEY ASSOCIATION**

**BOX 738 TAYLOR BC V0C 2K0**

**REGISTRAR: TAMMY MACKENZIE**

250-264-8662 registrar@taylorminorhockey.com

DATE: \_\_\_\_\_

CLUB: TAYLOR MINOR HOCKEY ASSOCIATION

ADDRESS: BOX 738 TAYLOR BC V0C 2K0

PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CHILD(REN) NAMES: \_\_\_\_\_

I, THE UNDERSIGNED PARENT, AGREE TO MAKE PAYMENTS ON THE SPECIFIED DATES AND THE AGREED AMOUNTS STATED ON THE PAYMENT SCHEDULE BELOW TO TAYLOR MINOR HOCKEY ASSOCIATION. I UNDERSTAND THAT THE CONSEQUENCES THAT WILL BE BROUGHT AGAINST ME IF THE CONTRACT IS VIOLATED. THE PENALTIES INCLUDE: CHILD BEING SAT FOR A PERIOD OF TIME DECIDED BY THE EXECUTIVE, CHILD NOT BEING ABLE TO PLAY GAMES/TOURNAMENTS, THE CHILD WILL NOT BE ABLE TO PRACTICE, OR ANY OTHER PENALTIES THE EXECUTIVE MAY DECIDE. ONCE THE FEES ARE PAID IN FULL THE CHILD CAN RETURN TO PLAY. I AGREE TO PAY ANY FEES AND COSTS THAT TAYLOR MINOR HOCKEY ASSOCIATION MAY INCUR IN COLLECTING BALANCE. I UNDERSTAND THAT I MAY GIVE POSTDATED CHEQUES , HAVE THE PAYMENT WITHDRAWN FROM MY BANK ACCOUNT. (MUST PROVIDE A SIGNED FORM FROM YOUR BANK) OR CHARGE IT TO A CREDIT CARD. (MUST SIGN THE CREDIT CARD AGREEMENT)

TOTAL AMOUNT OWED (BEGINNING BALANCE)	\$	_____
LESS "DUE UPON REGISTRATION" FEE	-	_____
TOTAL LEFT OWING	\$	_____
DIVIDE TOTAL BY 5 ( THIS WILL BE THE AMOUNT OF THE PAYMENT PLAN)	\$	_____

PAYMENT DATE:	PAYMENT AMOUNT	BALANCE
November 1, 2017	\$ _____	\$ _____
December 1, 2017	\$ _____	\$ _____
January 1, 2018	\$ _____	\$ _____
February 1, 2018	\$ _____	\$ _____
March 1, 2018	\$ _____	\$ _____

I AGREE THAT THE ABOVE SCHEDULE OF PAYMENTS IS AN ACCEPTABLE RESOLUTION TO HELP RETIRE MY DEBT WITH TAYLOR MINOR HOCKEY ASSOCIATION, AND BY PAYING THIS CURRENT PAYMENT PLAN I WILL REMAIN IN GOOD STANDING WITH TAYLOR MINOR HOCKEY ASSOCIATION.

DATE: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF TMHA REPRESENTITIVE: \_\_\_\_\_



**2017/2018 CREDIT CARD AUTHORIZATION  
TAYLOR MINOR HOCKEY ASSOCIATION  
BOX 738 TAYLOR BC V0C 2K0**

**REGISTRAR: TAMMY MACKENZIE  
250-264-8662 registrar@taylorminorhockey.com**

DATE: \_\_\_\_\_

CLUB: TAYLOR MINOR HOCKEY ASSOCIATION  
ADDRESS: BOX 738 TAYLOR BC V0C 2K0

PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CHILD(REN) NAMES: \_\_\_\_\_

CREDIT CARD TYPE:      MASTERCARD                      VISA

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRY DATE:                      MM/YR      \_\_\_\_\_

CVB: \_\_\_\_\_

I HEREBY AUTHORISE TAYLOR MINOR HOCKEY ASSOCIATION TO CHARGE THE ABOVE CREDIT CARD FOR THE MONTHLY PAYMENTS AGREED UPON BELOW. I ALSO AUTHORISE ANY FEES THAT ARE INCURRED TO TAYLOR MINOR HOCKEY ASSOCIATION DURING THIS PAYMENT PLAN TO BE CHARGED TO THE ABOVE CREDIT CARD.

TOTAL AMOUNT OWED (BEGINNING BALANCE)	\$	_____
LESS "DUE UPON REGISTRATION" FEE	-	_____
<b>TOTAL LEFT OWING</b>	\$	_____
DIVIDE TOTAL BY 5 ( THIS WILL BE THE AMOUNT OF THE PAYMENT PLAN)	\$	_____

PAYMENT DATE:	PAYMENT AMOUNT	BALANCE
November 1, 2017	\$ _____	\$ _____
December 1, 2017	\$ _____	\$ _____
January 1, 2018	\$ _____	\$ _____
February 1, 2018	\$ _____	\$ _____
March 1, 2018	\$ _____	\$ _____

I AGREE THAT THE ABOVE SCHEDULE OF PAYMENTS IS AN ACCEPTABLE RESOLUTION TO HELP RETIRE MY DEBT WITH TAYLOR MINOR HOCKEY ASSOCIATION, AND BY PAYING THIS CURRENT PAYMENT PLAN I WILL REMAIN IN GOOD STANDING WITH TAYLOR MINOR HOCKEY ASSOCIATION.

DATE: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF TMHA REPRESENTATIVE: \_\_\_\_\_