

GVMHA REGISTRATION 2018-2019 for NEW Members

PARENTS: You will be asked to volunteer for one of the many of the positions below on your Team. This is a Volunteer driven Assoc.

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|----------------------------|--------------------------|--------------------------------|--------------------------|
| Coach/Assistant Coach | <input type="checkbox"/> | Team Manager | <input type="checkbox"/> |
| Treasurer | <input type="checkbox"/> | Tournament Director | <input type="checkbox"/> |
| Division Manager | <input type="checkbox"/> | Tournament Committee Volunteer | <input type="checkbox"/> |
| E-Scoresheet / Timekeepers | <input type="checkbox"/> | Dressing Room Attendant | <input type="checkbox"/> |
| Team Media Person | <input type="checkbox"/> | Referee Player / Parent | <input type="checkbox"/> |

PLAYER INFORMATION - PLEASE PRINT

LAST NAME		FIRST NAME		INITIAL
STREET ADDRESS		CITY		POSTAL CODE
BIRTH DATE (Year/Month/Day)	PHONE NUMBER	BC CARE CARD (10 DIGIT #)		GENDER (CIRCLE) F* M
*Female Players: Would you prefer to play on: ___ All girls team ___ Mixed		PLAYER POSITION - REP PLAYERS MUST CHOOSE 1 POSITION (F-D-G)		SHOT (CIRCLE) L R

***FEMALES:** Team structure will depend on the number of females registered and their preference of an all girls or mixed team.

Female teams planned for the 2018-19 season is Atom Rec, PeeWee Rec and Bantam A Rep

AGE	BIRTH YEAR	DIVISION	HOUSE	REP (includes \$100 non-refundable tryout fee)
			PAID BY JULY 31st **	PAID BY JULY 31st **
4	2014	PRE-INITIATION	\$160.00	N/A
5 - 6	12-13	INITIATION	\$340.00	N/A
7 - 8	10-11	NOVICE	\$410.00	N/A
9 - 10	08-09	ATOM	\$510.00	\$610.00
11 - 12	06-07	PEEWEE	\$510.00	\$610.00
13 - 14	04-05	BANTAM	\$530.00	\$630.00
15-16-17	01-02-03	MIDGET	\$550.00	\$650.00

*** After July 31st you may be put on a waiting list**

New Members - Please ATTACH COPY OF BIRTH CERTIFICATE AND CARE CARD

PAYMENT MADE BY: VISA/MC Cheque Money Order NAME: _____

VISA/MC# _____ Expiry _____	\$ _____
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PARENT/GUARDIAN INFORMATION - PLEASE PRINT

FATHERS LAST NAME		FIRST NAME		INITIAL
PHONE NUMBER 1	CELL NO.	EMAIL ADDRESS FOR GVMHA COMMUNICATION PURPOSES (1 email per player)		
MOTHERS LAST NAME		FIRST NAME		INITIAL
PHONE NUMBER 1	CELL NO.	EMAIL ADDRESS		

SIGNATURE AND WAIVER: We hereby acknowledge the authority of Hockey Canada, BC Hockey, OMAHA and GVMHA and agree to carry out and abide by the Constitution, By-Laws, rules and regulations of those Associations. I give permission to GVMHA and my team to use my photograph in social media and websites that pertain to GVMHA activities.

RELEASE: In consideration of this application to play under the auspices of GVMHA, I do hereby for myself, heirs, executors, administrators and assigns, remise, release and forever discharge Hockey Canada, BC Hockey, OMAHA, GVMHA, 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 personal injury, loss or damage to property, which may occur during or by reason of participation in the activities of GVMHA.

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

SIGNATURE OF PARENT/GUARDIAN

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