



NEW SAREPTA MINOR HOCKEY ASSOCIATION

2019/2020 REGISTRATION FORM

P.O. BOX 215 NEW SAREPTA, AB T0B 3M0



Parent Guardian:	_____	Parent #2	_____
Legal address	_____	Home Phone	_____
Land (ie: NE31-50-22-W4)	_____	Cell Phone	_____
Home Phone Number	_____	E-mail	_____
Cell Phone Number	_____	Emergency contact	_____
E-mail Address	_____	Cell number:	_____

	NAME	DATE OF BIRTH (M/D/Y)	LEVEL (see below)
PLAYER #1			
PLAYER #2			
PLAYER #3			
PLAYER #4			

Year of Birth	Level	Registration Before June 20	Registration After June 19	Payments are agreed to be made by the following schedule	
1ST Time Hockey Player (NSMHA residents only)		\$ 99.00	\$ 99.00		
All	Pond Hockey	\$ 175.00	\$ 175.00	Payment # 1 June /2019	Cheque Amount Cheque #
13/14/15/16/17	Initiation	\$ 460.00	\$ 660.00	Payment # 2 July /2019	Cheque Amount Cheque #
2011/2012	Novice	\$ 595.00	\$ 795.00	Payment # 3 Aug /2019	Cheque Amount Cheque #
2009/2010	Atom	\$ 665.00	\$ 865.00	Payment # 4 Sept /2019	Cheque Amount Cheque #
2007/2008	Pee Wee	\$ 710.00	\$ 910.00	Payment # 5 Oct /2019	Cheque Amount Cheque #
2005/2006	Bantam	\$ 810.00	\$ 1,010.00	Payment # 6 Nov 1st /2019	Cheque Amount Cheque #
2002/2003/04	Midget	\$ 840.00	\$ 1,040.00	Full fees must be paid by Nov 1	
Subtotal				Fees include specialty clinics and 2 pairs of GAME socks for the season	
Ag Society Fee		\$ 10.00	\$ 10.00	Note: \$99.00 non-refundable registration fee if child is withdrawn after registrations are complete	
Total Registration Fee				Commitment Cheque will be undated and held by the Association to ensure 10 commitment hours are fulfilled volunteering within the NSMHA. Should these hours not be fulfilled, then this cheque will be cashed after April 30 .	
Commitment Cheque Cheque # _____		\$300 not dated	\$300 not dated	Meeting Bond Cheque will be undated and held by Association to ensure an adult family member attends the Spring Association General Meeting in April. If meeting is unattended then this cheque will be cashed at the end of the season (April) .	
Meeting Bond Cheque Cheque # _____		\$50 not dated	\$50 not dated		

PAYMENT AGREEMENT

I have reviewed and understand the above fee structure and hereby agree that all **fees will be paid in full before Nov 1st of the current season**. Should these fees not be paid in full by this date, I understand and agree that above named players shall not be allowed to participate in the Hockey Program offered by NSMHA for the remainder of the current season, I also understand that such fees will remain payable to the association for any subsequent season.

PARENT (Guardian) SIGNATURE: _____

DATE: _____