



**QUESNEL & DISTRICT MINOR HOCKEY
2019/2020 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 #** _____

	PRICE BEFORE APRIL 1	PRICE AFTER APR 1	PRICE AFTER SEPT 1
FIRST TIME PLAYERS	\$200	\$200	\$200
INITIATION 4-6 Yrs (2013-2015)	200	250	300
NOVICE 7-8 Yrs (2011-2012)	375	425	500
ATOM 9-10 Yrs (2009-2010)	425	475	550
PEE WEE 11-12 Yrs (2007-2008)	425	475	550
BANTAM 13-14 Yrs (2005-2006)	425	475	550
MIDGET 15-17 Yrs (2002-2004)	425	475	550

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.

QDMHA will not give out personal email addresses, although other parents may see your email address.

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.