

**QUESNEL & DISTRICT MINOR HOCKEY
2015/2016 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 _____ GOALIE _____

CONTACT PHONE: PLAYER (PH # 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	\$100	\$150	\$150
MITES 4-6 Yrs (2009-2011)	100	150	200
NOVICE 7-8 Yrs (2007-2008)	350	400	475
ATOM 9-10 Yrs (2005-2006)	375	425	500
PEE WEE 11-12 Yrs (2003-2004)	375	425	500
BANTAM 13-14 Yrs (2001-2002)	375	425	500
MIDGET 15-17 Yrs (1998-2000)	375	425	500

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.