



# The Blackburn Minor Hockey Association

## 2010-2011 REGISTRATION PROCEDURES AND RULES

The Blackburn Minor Hockey Association welcomes all new and returning players, to our next Blackburn Stingers season!

Before proceeding with your child's registration, please take a moment to review the following Registration Procedures and Rules carefully.

- 1) **The Registration and Medical Liability Forms** must be completed, signed and received by the BMHA, prior to the Player being permitted to enter the ice. Registrations will not be processed if they do not include all required forms (including payment).
- 2) **REGISTRATION PAYMENT OPTIONS:**
  - On-line: In order to submit your Registration on-line you must also pay on-line (via pay-pal) at the same time that you register. You are then asked to send in the Medical Liability Form by mail to the BMHA.
  - Cheque & Mail-in Registration: In order to submit payment by cheque you must also send in the Registration and Medical Release Forms by mail (no partial on-line).
  - Canteen Duties: Volunteer (must be 16 years or older) at our canteen at the Blackburn Arena and your child's registration fees may be waived (27 hours for IP Registrations, 54 hours for Novice through Midget, and 42 hours for Juvenile Registrations).

**NOTE: \*The Association reserves the right to limit the amount of positions available for this option.**
- 3) **LATE FEES:** On-line registrations or mail-in registrations (for returning players), **post marked after June 30** will be charged an additional \$50 late registration fee. This is in addition to the regular registration fee. Volunteers who need to withdraw their name from Canteen Duty after this June 30<sup>th</sup> cut-off date would also be charged the late fee.
- 4) An NSF fee of \$25 will be charged on all returned cheques. No refunds will be issued after December 31.

(Registration Procedures - Page 1 of 2)



## The Blackburn Minor Hockey Association

- 5) Please review the chart below to choose the appropriate level for your child. Note the registration prices according to age and level:

<u>PLAYING AGE LEVEL</u>	<u>AGE DETAIL</u>	<u>REGISTRATION FEE</u>
Initiation Program	Born in 2004, 2005, <b>2006</b>	\$255.00
Novice Level	Born in 2002 or 2003	\$510.00
Atom Level	Born in 2000 or 2001	\$510.00
Pee Wee Level	Born in 1998 or 1999	\$510.00
Bantam Level	Born in 1996 or 1997	\$510.00
Midget Level	Born in 1993, 1994, 1995	\$510.00
Juvenile Level	Born in 1990, 1991, 1992	\$400.00

- 6) We would also like to take this opportunity to recommend to parents of 7 year old players, that they should have at least one year of the Initiation Program before entering the Novice level.
- 7) Should you have any questions concerning this registration information or process, please feel free to contact one of our Executive or Board Members, for more information. Contact information can be located on our website: <http://blackburnstingers.com/index.php?PID=009>
- 8) Players are not allowed to register with any other hockey organization, club, etc., except organized School, or Church teams (not Women's Hockey Associations).

(Registration Procedures - Page 2 of 2)





# The Blackburn Minor Hockey Association

**NOTE - *VERY IMPORTANT* - FAIR PLAY IN THE BMHA:** Parents/guardians/players registering on this form, must have read, acknowledge and agree to abide by **our** Fair Play Code: available to view on the BMHA website: [www.blackburnstingers.com](http://www.blackburnstingers.com)

**No player shall be registered without parental initials on this line:**  
(Please initial) \_\_\_\_\_

1. Payment options are: 4 (four) post-dated cheques dated July 1, August 1, Sept. 1 and Oct. 1 - or a single cheque in the full amount dated no later than Oct. 1.
2. NO PLAYER WILL BE PLACED ON A TEAM UNTIL FEES ARE PAID IN FULL.
3. NO PLAYER SHALL ENTER ONTO THE ICE SURFACE WITHOUT THE MEDICAL/LIABILITY RELEASE CERTIFICATE BEING RECEIVED.

**Please Check off your payment option:**

**Regular Registration: Please make cheques payable to the BMHA**

Cheque Writer	Bank/ Institution	# Of Cheques				Comments
		1	2	3	4	

**I volunteer to fulfill Canteen Duties (as per Association guidelines)**

**Completion Checklist: Please ensure that you have completed all the appropriate steps as follows:**

- o Complete in full and attach both the registration and medical liability form.
- o Initial where required (on the second page) of the registration form and sign and include the Health and Medical Liability Form.
- o Enclose payment in full, either with four posted dated cheques, or single cheque dated no later than October 1.
- o To prevent the \$50 late registration fee, ensure your regular registration package is post-marked prior to June 30. (Note that no refunds will be issued after December 31.)

**Any registrations received incomplete will be returned,  
PLEASE REVIEW CAREFULLY BEFORE SENDING.**

***For Association Use Only:***

<b>Reg. Form: Complete -</b> <input type="checkbox"/>	<b>Comments:</b>
<b>Medical Form: Received -</b> <input type="checkbox"/>	

(Registration Form - Page 2 of 2)



# The Blackburn Minor Hockey Association

## Medical/Liability Release Certificate

\* A form must be completed for each player.

Player's Name: *		Date of Birth:	
Street Address:			
City/Prov:		Postal Code:	
E-mail:		Telephone:	

### Legal Release:

I, the undersigned parent/guardian, hereby grant my consent to have the above-named child participate in the playing of hockey under the BMHA, GHA, ODMHA, CHA and/or its branches, divisions and its Constitutions, By-Laws, Duties, Rules and Regulations.

I agree that the BMHA, affiliated associations/organizations, etc, the executive, the Board of Directors, and/or the team officials are not to be held responsible for any loss of equipment, or injuries that may result in the performance of his or her participation.

I give permission to any member of the BMHA, affiliated associations/organizations, etc the executive Board of Directors and/or team officials to take my above-named child, or ward to a nearby Doctor, clinic, or hospital in the event of injury, and I do by these presents give permission, and/or authorization to the Doctor, clinic, or hospital medical/nursing staff to examine, treat, and carry out all necessary tests and treatment that may be required.

Print Name:		Signature:	
Print Name:		Signature:	
Date Signed:			

**Emergency Contact Information:** In the event of my absence, please contact:

Name:		Telephone:	
Address			

(Medical/Liability Release - Page 1 of 2)



## The Blackburn Minor Hockey Association

Please indicate N/A (not applicable) for each of the following statements that does not apply to your child.

The following important **CONFIDENTIAL** information regarding my child, or ward is to be noted.

1) He/She is allergic to the following drugs (please PRINT):

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2) He/She is taking medication for \_\_\_\_\_ (condition), and is taking the following medication(s):

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3) If your child is either diabetic, or epileptic, please provide details:


4) Other pertinent medical information:


**Note:** **NO** player shall be permitted on the ice surface of any BMHA practice or game until this form has been signed and received by the BMHA Registrar.

Print Name:		Signature:	
Date Signed:			

(Medical/Liability Release - Page 2 of 2)