



The Blackburn Minor Hockey Association

2008-2009 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 form must be completed, signed and sent to the BMHA, prior to your child being permitted to enter the ice the first time. (With full payment if registering by mail or without payment after registering using the On-line registration process.) Failure to submit all required forms will be considered an incomplete registration and will not be processed.
- 2) **EARLY BIRD SAVINGS**: SAVE \$30.00 on your registration by submitting on-line by May 31 or returning by mail, post marked by May 31. (*Notes #1: Regular registration fees apply thereafter until July 31; #2: Late fees apply after July 31; #3: First year IP registrants pay the lowest listed price for the duration of the registration period; #4: In cases where a player moves on to a competitive level, the early bird discount no longer applies and the difference will be added to the competitive fees collected by the Rep organization*).
- 3) **LATE FEES**: On-line registrations or mailed registrations (for returning players), post marked after July 31 will be charged a \$100 late registration fee. This is in addition to the regular registration fee.
- 4) An NSF fee of \$25 will be charged on all returned cheques. No refunds will be issued after December 31.
- 5) Please review the chart below to choose the appropriate level for your child. Note the registration prices according the age and level:

<u>PLAYING AGE LEVEL</u>	<u>AGE DETAIL</u>	<u>* EARLY REGISTRATION FEE</u>	<u>REGISTRATION FEE</u>
Initiation Program	Born in 2002 or 2003	*\$180.00	\$210.00
Novice Level	Born in 2000 or 2001	*\$410.00	\$440.00
Atom Level	Born in 1998 or 1999	*\$410.00	\$440.00
Pee Wee Level	Born in 1996 or 1997	*\$410.00	\$440.00
Bantam Level	Born in 1994 or 1995	*\$410.00	\$440.00
Midget Level	Born in 1991, 1992, 1993	*\$390.00	\$420.00
Juvenile Level	Born in 1988, 1989, 1990	*\$265.00	\$295.00

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- 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://www.blackburnstingers.com/executives.php>

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2008-2009 Registration Form

BLACKBURN MINOR HOCKEY ASSOCIATION

(Mailing Address) - P.O. Box 47055

Ottawa, Ontario K1B 5P9

Visit us online - www.blackburnstingers.com

(Please Print Only)

PLAYER LAST NAME: _____ **FIRST NAME** _____

PERMANENT ADDRESS: _____

POSTAL CODE: _____ **DATE OF BIRTH:** ____/____/____

GENDER: M or F (circle) dd mm yy

NAME OF PARENT or LEGAL GUARDIAN: _____

Daytime Tel: _____ **Evening Tel/Mobile:** _____

E-MAIL ADDRESS #1: _____

E-MAIL ADDRESS #2: _____

PLAYING LEVEL: _____ **AMOUNT ENCLOSED (\$):** _____

(*See notes and fees table on Procedures pages. ** Please make all cheques payable to "BMHA")

NOTES:

1. To be eligible for the Early Registration Discount, registration forms and cheque(s) must be received by May 31. 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 HEALTH AND LIABILITY WAIVER BEING RECEIVED.

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

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

Please check off your payment option in box below:	
<input type="checkbox"/> Early Registration Plan (<i>With Post-Dated Cheques</i>)	<input type="checkbox"/> Regular Registration (This is the <u>ONLY</u> payment option available if you are registering after May 31).
<input type="checkbox"/> Canteen Option (<i>If volunteering in the canteen for a minimum # of hours, registration is FREE!</i>)	

For Association Use Only:

Cheque Writer	Bank/ Institution	# Of Cheques				Comments
		1	2	3	4	
Reg. Form: Complete - <input type="checkbox"/> , Comments: _____						
Medical Form: Received - <input type="checkbox"/>						

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

- Complete in full and attach both the registration and medical liability form.
- Initial where required (on the second page) of the registration form and sign and include the Health and Medical Liability Form.
- Enclose payment in full, either with four posted dated cheques, or single cheque dated no later than October 1.
- To qualify for early registration savings, the registration should be postmarked no later than May 31. To prevent the \$100 late registration fee, ensure your regular registration package is mailed prior to July 31. (Note that no refunds will be issued after December 31.)

Any registrations received incomplete will be returned, PLEASE REVIEW CAREFULLY BEFORE SENDING. If registrations are returned they no longer qualify for early registration discount.

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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			

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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:			

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