

Nanaimo Minor Hockey Association 2010 REGISTRATION FORM
NEW PLAYER (a separate form is required for each player-please copy)

PLAYER'S INFORMATION

Please Print **IN INK**

PLAYERS' NAME: _____ MALE / FEMALE BIRTHDATE: _____
 LAST FIRST

RESIDENTIAL & MAILING ADDRESS: _____

POSTAL CODE: _____ PHONE: _____ EMAIL: _____

PREVIOUS ADDRESS (IF MOVED or NEW TO NMHA since last season): _____

PARENT'S INFORMATION

Mother's Name: _____ Same Address Y/N Work/Cell Phone #: _____

Father's Name: _____ Same Address Y/N Work/Cell Phone #: _____

Previous Association/Team: _____

Position (circle one):

GOALIE or GOALIE/PLAYER

PLAYER - Forward Defense or Both

CHECK LIST:

- Registration form is completely filled out
- Medical form is filled out and attached
- All cheques are attached; registration fee and jersey deposit
- A copy of birth certificate
- A copy of a current (within the last 2 months) property assessment or tax notice or hydro bill must be attached to confirm player residency within the NMHA Residential Zone. If this notice is not provided every year, you will not be able to register.**

IF A PLAYER MOVES DURING THE HOCKEY SEASON YOU MUST NOTIFY THE OFFICE AND REGISTER, IF APPLICABLE, TO LOCAL ASSOCIATION.

PAYMENT TO BE ENCLOSED	
(see attached fee schedule)	
DIVISION (MUST list if wishing female only team) please add in	

TOTAL FEE:	_____
REP TRY OUT FEE	_____
\$60.00	
LATE REG FEE (+\$30.00)	_____ After June 30
	TWO CHEQUES ONLY
TOTAL PAYABLE:	_____
MUST include jersey deposit: A post dated Cheque for \$100.00 dated March 31, 2011 made payable to NMHA. <u>CHEQUE ONLY</u>	

PAYMENT #1	
DEPOSIT(1/2 OF TOTAL)	_____ DUE AT REGISTRATION
PAYMENT #2	
BALANCE DUE	_____ ON OR BEFORE
	AUGUST 1, 2010
JERSEY DEPOSIT	_____ Dated Mar. 31/2011

****Registration will not be processed if all information is not included****

SIGNATURE AND WAIVER: We hereby acknowledge the authority of the CHA, BCAHA, and the Nanaimo Minor Hockey Association (NMHA), and agree to carry out and abide by the Constitution, Bylaws, Rules and Regulations of those associations. **EQUIPMENT:** At the end of the season covered by this registration, we agree to return all equipment provided by the NMHA in good condition and should we fail to do so we agree to reimburse the Association for the replacement cost of the same. **RELEASE:** In consideration of this application to play under the auspices of the NMHA, I do hereby for myself, heirs, executors, administrators and assigns, remise release and forever discharge the CHA, BCAHA, VIAHA and the NMHA, 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 injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of the NMHA. **DISCLOSURE:** By submitting this registration form, we hereby authorize the Nanaimo Minor Hockey Association to disclose any and all information herein contained to such persons, firms or corporations as the Nanaimo Minor Hockey Association shall, in its sole discretion, determine.

Parent/Guardian Signature

REGISTRATION

*******IMPORTANT CHANGES *****PLEASE READ*******

New Player Registration:

New player registrations will be accepted beginning May 15, 9am-2pm, players may be placed on wait lists, depending on number of returning players registered.

Regular Registration:

The close of regular registration will be June 30. Any players registering after June 30 will be wait listed until such time as a position becomes available on a team in category. If a position on a team in category does not become available there will be a full refund of registration fees paid.

Late Registration:

A fee of \$30 will be applied to any registration received after the close of regular registration(June 30)

Payment:

Two cheques, one for date registering and one post dated prior or on Aug.1, 2010 will be accepted

- Return the registration form through the mail slot at the Nanaimo Minor Hockey Office (**located beside NANAIMO ICE CENTRE**) or register in person during office hours, Monday 5:00 pm-8:00 pm and Tuesday, Thursday & Friday 10:00 am-1:00 pm.
- **Debit Machine, VISA, & MASTER CARD(\$7.00 will be added if using a credit card) will be available at the office**

Recreational Evaluation and Competitive tryouts times will be posted at www.hockeynanaimo.com by September 1, 2010

We do not notify the players

MINOR HOCKEY WILL BEGIN THE WEEK OF SEPTEMBER 7TH

Nanaimo Minor Hockey Association Residential Registration Zone

Any players living North of Takala Rd and Brenton Page Rd at Oyster Bay and South of Nanoose Beach Road(Arlington Pub) at Nanoose Bay(excludes Nanoose Peninsula) must register with Nanaimo MHA. **Declaration of Residency with Proof of residency is required**, see hockeynanaimo.com for forms. Any players living outside these areas are to contact in the South, Cowichan Valley MH, in the North, Oceanside MH.

FEE SCHEDULE

(read carefully)

Fees for the 2010-2011 season are all-inclusive, except for Rep try-out fees. Each application includes one membership (max. 2 per family) in Nanaimo Minor Hockey Association, as well as one pair of socks per player. Midget Recreational (M & F) players will keep their jersey at the end of the season

**Any player not showing complete payment by August 30, 2010
will not be able to attend tryouts/evaluations.**

DATE OF BIRTH	DIVISION M/F	REGISTRATION FEES-prior to June 30	AFTER JUNE 30 - FEES	TRY OUT FEES
2004/05	Initiation	\$280.00	\$310.00	n/a
2002/03	Novice	\$400.00	\$430.00	n/a
2000/01	Atom	\$430.00	\$460.00	\$60.00
1998/99	Peewee	\$430.00	\$460.00	\$60.00
1996/97	Bantam	\$430.00	\$460.00	\$60.00
1993/94/95	Midget	\$450.00	\$480.00	\$60.00
1990/91/92	Juvenile	\$430.00	\$480.00	n/a

****NMHA reserves the right to limit amount of teams and players per team****

Midget Overage Player Policy

Any player wishing to register as an **overage player** in the Midget Division must apply to the President, by letter, with registration. Applications will be reviewed on an individual basis. Registration for all overage players will end Oct. 15 of current season.

If interested in coaching or assistant coaching in Nanaimo Minor Hockey please visit our website for applications.

I am interested in refereeing for the 2010 season, must 12 yrs or older.

Please have the Referee Committee contact me.

Name: _____ **Phone:** _____

Email: _____

MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Telephone: (____) _____

Provincial Health Number : _____

Mother's Name: _____ Father's Name: _____

Business Telephone Numbers: Mother _____ Father _____

Alternate emergency contact (if parents are not available)

Name: _____ Telephone: _____

Address: _____

Doctor's Name: _____ Telephone: (____) _____

Dentist's Name: _____ Telephone: (____) _____

Please circle the appropriate response and provide details below if you answer "Yes" to any of the questions.

Yes	No	Previous history of concussions
Yes	No	Fainting episodes during exercise
Yes	No	Epileptic
Yes	No	Wears glasses
Yes	No	Are lenses shatterproof
Yes	No	Wears contact lenses
Yes	No	Wears dental appliance
Yes	No	Hearing problem
Yes	No	Asthma
Yes	No	Trouble breathing during exercise
Yes	No	Heart Condition
Yes	No	Diabetic – Type 1 _____ Type 2 _____
Yes	No	Medication
Yes	No	Allergies Yes No Wears a medical information bracelet or necklace

For what purpose? _____

Yes	No	Has any health problem that would interfere with participation on a hockey team
Yes	No	Has had an illness that lasted more than a week and required medical attention in the past year

Yes	No	Has had injuries requiring medical attention in the past year
Yes	No	Has been admitted to hospital in the last year
Yes	No	Surgery in the last year

Yes	No	Presently injured. Injured body part: _____
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Yes No Vaccinations up to date
Date of last Tetanus Shot: _____

Yes No Hepatitis B vaccination

Please give details if you answered "Yes" to any of the above. Use separate sheet if necessary

Medications: _____

Allergies: _____

Medical conditions: _____

Recent injuries: _____

Any information not covered above: _____

I understand that it is my responsibility to keep the team Safety Person advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: _____ Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained by Hockey Canada will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as Hockey Canada's own Privacy Policy.