



REGISTRATION FORM 2018-2019 SEASON

706114-B County Rd. 21 Mulmur, ON L9V 0W3

www.honeywoodhockey.ca

SECTION A PARENT/GUARDIAN INFORMATION

Mother's Name:		Same Address As Player <input type="checkbox"/> Y <input type="checkbox"/> N	
Current Address:			
Town/City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Business Phone:	
Email Address:			
Father's Name:		Same Address As Player <input type="checkbox"/> Y <input type="checkbox"/> N	
Current Address:			
Town/City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Business Phone:	
Email Address:			

SECTION B PLAYER INFORMATION

	Last Name	First Name (as appears on birth certificate)	Gender M/F	Birthdate yyyy/mm/dd	Preferred Position	Team Division	Fee
1							
2							
3							
4							
5							
Total Registration Fee							
Mandatory Fundraising Fee (\$50.00 X number of players)							
<input type="checkbox"/> \$30.00 Single Parent Pass <input type="checkbox"/> \$50.00 Family Pass <input type="checkbox"/> Mandatory Gate Pass for Regular Season Games							
Multiple Children Discount (Full amount for first two oldest. Half off regular team fee for each additional-excludes mites)							
Total Fee Payable							

Registration Fees

Division	Birth Year	Rate
Pre/Mite	2012/2013/2014	\$355.00
Tyke	2011	\$465.00
Novice	2010	\$475.00
Atom	2008/2009	\$475.00
Peewee	2006/2007	\$550.00
Bantam	2004/2005	\$595.00
Midget	2001/2002/2003	\$595.00
Juvenile	1998/1999/2000	\$600.00

Registration Submission Instructions

- **ALL REGISTRATION FEES MUST BE PAID IN FULL BY SEPTEMBER 30th 2018.**
- A late payment fee of \$75.00 will apply to returning members registering and/or paying after October 1st.
- Registration is on a first come basis. Submission of this application/payment does not guarantee placement on a team.
- All participating members are required to review and sign Code of Conduct policy.
- Multiple child discount is applicable to the youngest child excluding mites.

Please ensure you have:

1. Signed and dated this registration form
2. Included your registration cheque(s) as per section C.4
3. Included your bond cheque as per section C.5
4. Provided a copy of birth certificate for new registrants to OMHA
5. Provided supporting documentation for player transfers

Cheques payable to: Honeywood Minor Hockey Association

OFFICE USE ONLY

- ☐ New Player
- ☐ Birth Certificate
- ☐ RIS Course
- ☐ ROC
- ☐ Player Transfer
- ☐ NRP Application
- ☐ PTS Application

Payment Method

- ☐ Cash
- ☐ Cheque
- ☐ Credit

Bond Cheque # _____ Amount \$ _____

Notes:



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SECTION C TERMS AND CONDITIONS*

C.1 LIABILITY: I acknowledge that I am the legal parent/guardian of the player(s) listed and we agree to be subject to the terms and conditions of HMHA Code of Conduct, By-laws, Policies and Procedures which includes Ontario Minor Hockey Association. I take full responsibility to ensure appropriate supervision of my child(ren). I further agree to unconditionally release and hold harmless HMHA including its officers, directors, volunteers, and its members from any and all liabilities whatsoever, including but not limited to any injury, accident, misfortune or even death.

C.2 PARENT PARTICIPATION: I agree to fully participate and volunteer in all activities as a member of HMHA in events, programs, activities, hockey practices and games or other variables as they arise. Such duties may include but not limited to: Fundraisers, score keeping, game sheets, team parent representative, tournament hosting, executive membership, ticket sales or other as required and failure to comply will result in the cashing of my bond cheque.

C.3 PRIVACY POLICY: I agree to mutual respect of HMHA and its members and shall refrain from comments or behaviours that constitute as harassment or abuse including but not limited to gestures, verbal, physical and/or through media actions. I grant permission to HMHA to post photos of listed players on its website as deemed appropriate. Personal information such as names, home addresses, email addresses and telephone numbers are private and confidential. This information is accessible only by designated administrators and used only for the purpose for which the information is provided. Under no circumstances will HMHA provide or sell personal information to third parties.

C.4 FEES: I understand that registration fees must be paid in full by September 30th of the current hockey season. NSF or returned cheques will be subject to a \$35.00 service charge. A late payment fee of \$75.00 will apply to returning players registering after or paying in full after October 1st of the current year. Should you require assistance or an alternate payment program, please inquire upon registration. Failure to provide full payment, unless otherwise previously negotiated, will result in suspension and/or penalties of future activity in HMHA including playoff series until rectified. Pro-rated amounts are non-negotiable unless cause is due to long-term injury or otherwise which deem the player ineligible to participate from further activity in HMHA upon review.

C.5 BONDS: I agree to enclose a separate bond cheque (per family). It is required in the amount of \$150.00 for one player, \$200.00 for two players, \$250.00 for three or more players dated April 15th of the current hockey season. Bond cheques will be returned at the end of the season upon sufficient parent participation otherwise it will be cashed in compensation thereof.

C.6 POLICE RECORD: I will provide a current police record check upon the request of HMHA efficiently and understand any fees that may be incurred are at my expense. Should my record be subject to change, I will notify a HMHA board member in accordance to Canadian laws. HMHA will respect the privacy and confidentiality of this information. I may be subject to further investigation by HMHA as deemed necessary at their discretion.

C.7 R.I.S COURSE: I understand that one parent/guardian per household is required by OMHA, to have completed the Respect In Sport Parent Program prior to October 1st of the upcoming season, in order for my child(ren) to be insured and eligible to play in any minor hockey program. Failure to comply with OMHA regulations may result in the suspension and/or participation in further HMHA activities or cancellation of the player's application for registration and that I may be subject to any penalties incurred.

C.8 DOCUMENTATION: I acknowledge that I must certify the date of birth for my new registrants to OMHA by delivering a copy of proof of birth to HMHA. I will provide any other supporting documentation as required by circumstance efficiently. Failure to provide players proof of birth or providing false information will result in cancellation of the player's application for registration.

☐ I wish to receive correspondence from HMHA by email (upcoming events, newsletters, etc.)

☐ R.I.S. Course completed (Required by OMHA prior to August 31st one parent/guardian per household)

By signing this document, I agree, understand and accept the responsibilities and membership privileges of HMHA. As a legal parent/guardian over the age of 18, I hereby grant the above named registrant(s) to fully participate in all HMHA activities. I understand that failure to comply with HMHA and/or OMHA by-laws, regulations and policies may result in disciplinary action and/or the loss or suspension of certain or all privileges associated with HMHA and/or OMHA.

Signature: _____

Date: _____

* Terms and Conditions – For detailed information review current HMHA, OMHA, OHF, WAAA, GBMHL, GBTLL, OWHA and any other member participant's policies and procedures, code of conducts, by-laws, regulations, constitutions, manual of operations.