

WATROUS MINOR HOCKEY ASSOCIATION Box 926 WATROUS SK S0K 4T0
2017/2018 ~ REGISTRATION FORM WATROUSMINORHOCKEY@OUTLOOK.COM

Registration Night – September 13, 2017 Heritage Room (404 Main Street) 6:30 pm - 7:30 pm (AGM to follow)

<input type="checkbox"/> 6 & under (Initiation)	\$225.00 + 7 drafts (\$70.00)	\$295.00
<input type="checkbox"/> 8 & under (Novice)	\$300.00 + 7 drafts (\$70.00)	\$370.00
<input type="checkbox"/> 10 & under (Atom)	\$330.00 + 7 drafts (\$70.00)	\$400.00
<input type="checkbox"/> 12 & under (Pee Wee)	\$375.00 + 7 drafts (\$70.00)	\$445.00
<input type="checkbox"/> 14 & under (Bantam)	\$395.00 + 7 drafts (\$70.00)	\$465.00
<input type="checkbox"/> 17 & under (Midget)	\$395.00 + 7 drafts (\$70.00)	\$465.00

Note: \$100/family FOOD BOOTH NO SHOW CHEQUE MUST BE INCLUDED WITH THIS REGISTRATION FORM!

- Maximum 14 drafts per family
- Fees include an individual and team picture taken during the season -- date to be announced
- Fees do not include Tournament or Provincial play or a position on a Provincial Team.
- **Players who do not register by SEPTEMBER 30, 2017 will be charged a \$50.00 late fee.**
- Registrations received after December 1, 2017 will not be accepted (unless approved by the WMHA board).
- There is a Refund Policy in effect. A copy may be obtained from the WMHA.
- Hockey fees can be paid on a split basis of ½ now and a postdated cheque dated January 1, 2018.
- **Abuse to referees, coaches and rink staff will not be tolerated and will be dealt with accordingly.**
- Registration includes 7 sessions of Power Skating with Seymour Hockey Group.
- 2 Goal-Tec sessions for registered goalies (Atom and up). Reimbursement upon submitting paid receipts.
- **All players in Divisions Novice to Midget (excluding goal tenders) must wear a mouth-guard.**
- **Minor hockey teams require volunteers to run effectively. As a parent or guardian of a player, you will be expected to help out as required by the team.**

Player's Name: _____ **Player's Cell:** _____

___ Forward ___ Defence ___ Goalie Will tryout for Provincial Team (PeeWee and up) ___Y ___N

Birthdate : _____ **Age (as of Dec 31/17)** _____ **Health Number:** _____

Allergies or Medical Problems: _____

Mailing Address: _____

Physical Address: _____ (Street or Land Location) **Phone Number:** _____

Email Address(es): _____

Please **print clearly** & include all addresses to receive WMH communications

Dad's Name: _____ **Dad's Cell:** _____

Please print

Mom's Name: _____ **Mom's Cell:** _____

Please print

I volunteer to: Head Coach* _____ Assistant Coach* _____ act as Trainer* _____ Manage* _____

If volunteering for above position, please fill out a separate Coach & Team Staff Form. *2017-2018 SHA Certifications apply.

I understand and agree that the *WATROUS MINOR HOCKEY ASSOCIATION*, its *EXECUTIVE, COACHES, ASSISTANT COACHES, MANAGERS* and *TRAINERS* shall not be held responsible for injuries sustained while practicing, playing, or being transported to and from games or practices. I have taken the proper steps to ensure the above-named participant is medically fit and has the proper equipment to take part in the active sport of hockey.

Reg Chq # _____ Food Booth Chq # _____

I have read and understand all of the above.

Drafts # _____ to _____

Parent or Guardian

REGISTRATIONS MAY BE MAILED (draft pick up required) OR
 TEXT LYNN (917-7773) or TRACY (946-7312) TO ARRANGE REGISTRATION DROP OFF & RECEIVE DRAFTS