

WILDCATS REGISTRATION INFORMATION

Registration Fees for 2011 – 2012

REGISTER ONLINE!

You can now register for the 2011 - 12 season online and avoid the paperwork. You will still need to send in your cheque by May 30th, but the forms are now online and will ensure your most current information is associated with your child, and updated with the OMHA and Hockey Canada immediately. If you are not able to register online, please use the registration form attached, and mail-in with your payment to WMHA PO Box 204., Elmira, ON N3B 2Z6.

Level	Birth Year	Registration Rate (register before May 30, 2011)	Rate (after May 30, 2011)
Initiation (One ice time/week)	2008 – 2007 – 2006	\$308	\$383
Pre-Novice (Two ice times/week)	2005	\$435	\$510
Novice	2004 – 2003	\$461	\$536
Atom	2002 – 2001	\$472	\$547
Pee Wee	2000 – 1999	\$504	\$579
Bantam	1998 – 1997	\$515	\$590
Midget	1996 – 1995 – 1994	\$525	\$600
Juvenile	1993 – 1992 – 1991	\$510	\$585

Cheques can be post dated no later than August 1st, 2011
Make cheque payable to Woolwich Minor Hockey.
A 10% discount applies for families with 3 or more participants.
First time registrants to WHMA always receive the Early Bird Rate
There is an additional fee of \$75 for all non-Woolwich residents.

NEW TO WOOLWICH? If you have moved into Woolwich and have previously played hockey with another association you will need to complete an "OMHA Minor Hockey Player Transfer Form" and submit it with your registration. Forms are available online at the OMHA web site or through our hockey office.

NOTE: If your child decides in the fall not to play hockey and you have already registered, you will receive a refund. The refund will be pro-rated base on date of withdrawal and a \$20.00 administration fee will be charged.

If you have any questions please contact:
Jodi Young 519-669-2789 or email
hockeyoffice@woolwichminorhockey.ca



WOOLWICH MINOR HOCKEY ASSOCIATION INC.

24 Snyder Ave. S., P.O. Box 204, Elmira, ON N3B 2Z6 (519) 669-2789 www.woolwichminorhockey.ca

Player Registration Form - WMHA 2011-2012 Season

Player name _____ Date of Birth _____
Surname First Year/Month/Day

Parent (or Guardian) Name _____

Home Address _____
Street number and name Apartment
Town Postal Code

Telephone _____
Home # Other (Please Specify)

Email Address _____
By providing your email address you are consenting to receive communications from W MHA via email. WMHA will not sell or make its email list available to 3rd parties, our goal is simply to improve our communications, reduce cost and minimize the environmental impact of our organization.

Are you a new Registrant? (birth certificate must be attached) Circle One
Y N

- If this is the first time that this player has registered with WMHA please attach a copy of the player's Birth Certificate.
- If you have previously played hockey with another association you will need to complete an "OMHA Minor Hockey Player Transfer Form" and submit it with your registration. Forms are available online at the OMHA web site or thru our hockey office.

Is this player's principal residence in Woolwich Township? Y N

- Non Woolwich residents will be charged an additional fee of \$75 and will be placed on a waiting list, as space on some teams is limited.

Early bird discounts apply to registrations received before May 30, 2011! See our website for details.

Amount Paid: _____ Number of cheques enclosed: _____

Make Cheque payable to Woolwich Minor Hockey (postdated cheques are acceptable dated no later then Aug 1, 2011)

Woolwich Minor Hockey Association Inc. (WMHA) is an Ontario not-for-profit corporation.

1. WMHA expects all children to enter fully into the hockey team's activities and cooperate with coaching staff. For the general welfare of all players, WMHA reserves the right to dismiss any player whose conduct or influence, in the opinion of WMHA, in their absolute discretion, is harmful to others or detrimental to the best interests of the team. Should this be the case, I understand that a refund will not be given.
2. As a parent and/or legal guardian, I do herewith authorize the treatment, by a qualified trainer, of any child named below in the event of a medical emergency which, in the opinion of the attending trainer, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after a reasonable effort has been made to reach a parent and/or legal guardian. My signature also indicates my willingness to take full medical insurance responsibilities for the child and release W MHA from any liability due to any injury sustained while involved in hockey activities.
3. The parent and/or legal guardian agrees to ensure that the player is properly equipped, including a C.S.A. approved helmet and facemask, neck guard and mouth guard, at all times while on the ice. I clearly understand that the player will not be permitted to go on the ice unless the player is properly equipped.
4. I give permission for photos or videos of my child to be taken which may be used in WMHA information and website promotion. (No Names will be used)
5. Personal information provided will remain confidential and only be used for WMHA related communication and medical emergencies.
6. I hereby certify that I have read and accept all the above conditions.

Signature of Parent/Guardian: _____ Date: _____

Please send completed registration to:
If you have any questions, please contact:

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