

RICHMOND MUNSTER MINOR HOCKEY ASSOCIATION

PLAYER APPLICATION TO REGISTER FORM

<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Name and member's address: <hr/><hr/><hr/><hr/> </div>	Date: _____ Card # _____ Year _____ 2009 Association number: _____ Date of Birth: (YY/MM/DD) _____ Age: _____ Category: _____ Gender: Male _____ Female _____ Language: _____
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Playing position _____ **Shoots: Left** _____ **Right** _____
 (Center, wing, forward, defense, goalie)

Height: _____ **Weight:** _____

Home ph: _____ **Work ph:** _____ **Fax ph:** _____ **Cell ph:** _____

E-Mail address: _____ **Last year's team** _____

Father's name: _____	Mother's name; _____
(complete below only if different from above)	
Address: _____	Address: _____
City: _____ Postal code: _____	City: _____ Postal code: _____
Home ph: _____ Work ph: _____	Home ph: _____ Work ph: _____
Other ph: _____ E-mail _____	Other ph: _____ E-mail _____

Person to contact in case of accident or emergency, if parent not available:

Name: _____ **Phone:** _____

Conditions:

EVERY MEMBER AND ITS LOCAL MINOR HOCKEY ASSOCIATION MEMBER RECOGNIZES AND AGREES TO ABIDE BY AND ITS LOCAL MINOR HOCKEY ASSOCIATION AND CHA CONSTITUTION. THEIR PLAYING RULES AND ALL DULY APPROVED AMENDMENTS THERETO. EVERY MEMBER RECOGNIZES AND ITS LOCAL MINOR HOCKEY ASSOCIATION AS BEING THE SOLE ORGANIZATION ENTRUSTED WITH THE MANAGEMENT AND ORGANIZATION OF HOCKEY THROUGHOUT THE TERRITORY OF AND ITS LOCAL MINOR HOCKEY ASSOCIATION. EVERY AND ITS LOCAL MINOR HOCKEY ASSOCIATION MEMBER RECOGNIZES THAT ALL INFORMATION PROVIDED HEREIN IS TRUE AND VALID. ANY FALSE INFORMATION PROVIDED HEREIN MAY LEAD TO THE APPLICATION OF SANCTIONS AS PROVIDED IN VARIOUS REGULATIONS. RMMHA RESERVES THE RIGHT TO USE ANY PHOTOS TAKEN OR YOUR SON OR DAUGHTER UNLESS OTHERWISE STATED.

REGISTRATION CHEQUES TO BE DATED AUGUST 1TH, 2009
 FEES RECEIVED AFTER JUNE 30TH WILL BE SUBJECT TO A \$50.00 INCREASE

Parent's signature: _____ **Member's signature:** _____

Name in block letters: _____ **Name in block letters:** _____

OFFICIAL RECEIPT FOR REGISTRATION PURPOSES

	RECEIPT NO:										
Description of the fees: _____ Rate of this activity: _____ Total: _____ Amount paid: _____	Payments: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Date</th> <th style="width: 30%;">Type</th> <th style="width: 40%;">Receipt</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date	Type	Receipt						
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