

RMHA PLAYER MAIL IN REGISTRATION FORM

COMPLETE THIS FORM AND MAIL IT TO:

RMHA Registrar
993 Matthew Brady
Windsor, ON N8S 3J9

THIS FORM YOU MUST INCLUDE YOUR PAYMENT INFULL!

Direct all questions to rmha_registrar@rmha.on.ca or call 519-984-1619

PLAYER INFORMATION

First Name _____ Gender _____

Last Name _____ Date of Birth _____

Phone Number _____

Address _____

City _____ Prov _____ Postal Code _____

PARENT / GUARDIAN INFORMATION

Father's Name _____ Mother's Name _____ Home Phone # _____

Work or Cell # _____

Are Parents Addresses the same as Player's? _____ (If NO, please supply alternate address below)

Parent _____ Address _____ Phone _____

Please provide an email address _____

Fee Schedule: (Mark check boxes of the amounts that apply to your registration)

- Base Registration: +\$525
3rd Player family discount: - \$100
First time RMHA registrant discount: - \$75
Tyke Discount (2005-2006) : - \$75
Tyke plus first time RMHA registrant - \$150.00

CALCULATE YOUR TOTAL FEE AND ENTER HERE: \$ _____

(NOTE: Tyke players are born 2005 or 2006 – Family discount cannot be added to other discounts)

Select a Payment Method: Credit Card Cheque Cash

- If you are paying by cheque, print this form and mail it along with your payment to the address at the top of the page.
- Cheques must be made payable to RMHA - in full dated July 1 or August 1, 2010 or in 3 payments dated June 1st, July 1st and August 1st.
- Cash payments must be made in person.
- If you selected Credit Card as your method of payment, please provide your card type, number and expiration date below, or call the registrar to complete the Credit Card transaction.

Card Type: VISA MC

Card Number _____ Expiration Date: _____

Card Holder Name as it appears on the card _____

RMHA WAIVER AND ACKNOWLEDGEMENT FORM

Thank you for choosing RMHA for your child's/children's minor hockey. With the help of numerous volunteers, we work to ensure every experience is a positive one. We expect all players, parents, relatives, team officials and RMNA officials to conduct themselves in a responsible, courteous manner at all RMHA events.

Please remember - It's about the kids!

As for the Legal stuff, RMHA reserves the right to accept, reject or deny and or revoke any registration as set forth in the RMHA Constitution and by the Board of Directors.

Agreement to Participate In the Programs of The Ontario Minor Hockey Association

CONDUCT

I/my participating child hereby agree to abide and support the current OMHA rules of play and personal conduct. I/my participating child am/is aware that "checking from behind" is extremely dangerous and is absolutely prohibited by the OMHA rules of hockey. In addition an offender is suspended from playing.

AUTHORIZATION FOR SERVICES

I the participant/parent acknowledge that from time to time I/my child will be traveling from place to place, sleeping away from home and eating away from home. I reserve the right to take action against my wrongdoer but, subject to that, I release OMHA and including all members, coaches, managers and association executives from any responsibility.

RISK OF SERIOUS INJURY

I hereby understand and appreciate that participation as a hockey player carries risk to me/my participating child of serious injury, including permanent disability, paralysis or death. I/my participating child voluntarily and knowingly acknowledge, accept and assume these risks.

USE OF IMAGE

I hereby grant the Ontario Minor Hockey Association the irrevocable right to use, at their sole discretion any image/information and/or photographs of or about myself for publicity, advertising or other promotion of the Ontario Minor Hockey Association. I understand that this may include written, pictorial, or video materials.

I, Parent/Guardian agree with all of the above terms. _____

OPT OUT PROVISION

I acknowledge and understand that, for the purposes of offering additional products and services including promotional items, that may be of interest to the participant or the participant's family, the OMHA may use or disclose the participant's name and address collected on this form to third parties. As the above mentioned participants legal guardian, if you **DO NOT WISH** to have this information used or disclosed for the purpose of offering you such additional products or services, please indicate below.

Please do not provide my contact information. _____