



# BANCROFT & DISTRICT MINOR HOCKEY ASSOCIATION

P.O. Box 1583, Bancroft, ON. K0L 1C0

www.BancroftJets.com

## Registration Form 2019-2020 Season

<b>Player Family Name</b>	<b>Player Given Name</b>	<b>Player Sex</b>		<b>Player Date of Birth</b>		
		F <input type="checkbox"/>	M <input type="checkbox"/>	Year 20_____	Month_____	Day_____
Mailing address: P.O. Box #_____ or R.R.#_____		Municipality or Township:			Postal Code:	
911 # / Civic address: _____						
<b>Parent(s) or Guardian(s) full name</b>		<b>Home phone #</b>		<b>Cell phone #</b>		
1. Mother:		( )		( )		
2. Father:		( )		( )		
<b>Please provide us with your e-mail address:</b>						
<b>(REQUIRED FOR FIRST TIME REGISTRANTS ONLY) Birth Certificate attached: yes <input type="checkbox"/> No <input type="checkbox"/></b>						
Please indicate in which capacity you can help YOUR hockey association: Name _____						
Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Manager <input type="checkbox"/> Trainer <input type="checkbox"/> Volunteer <input type="checkbox"/> (Details) use back if necessary: _____						
Families registering more than one player <b>must complete and sign a form for each player</b> , and pay <b>ONE</b> volunteer fee of \$60 per family (not player).						
<b>*** If this is your first year playing organized hockey a rebate will applied (IP &amp; Novice \$50; \$100 Atom-Midget)***</b>						
<b>Include your cheque(s) at registration time.</b> <b>You can divide the total cost in 4 equal payments.</b> <b>Make cheque(s) payable to BDMHA and date them as follows:</b> <b>1<sup>st</sup> cheque dated May 20<sup>th</sup> 2019</b> <b>2<sup>nd</sup> cheque dated June 20<sup>th</sup> 2019</b> <b>3<sup>rd</sup> cheque dated July 20<sup>th</sup> 2019</b> <b>4<sup>th</sup> cheque dated August 20<sup>th</sup> 2019</b> <b>EMT's will also be accepted for pmt plans.</b>		<b>Division</b>		<b>Registration Fees</b>		
		IP (2013 and later)		\$250.00 + \$60 Vol. Fee		
		Minor Novice (2012)		\$300.00 + \$60 Vol. Fee		
		Novice (2011)		\$300.00 + \$60 Vol. Fee		
		Novice Rep* (2011)		\$300.00* + \$60 Vol. Fee		
		Atom Leo League (2009-2010)		\$520.00 + \$60 Vol. Fee		
		Peewee Leo League (2007-2008)		\$520.00 + \$60 Vol. Fee		
Bantam Leo League (2005-2006)		\$520.00 + \$60 Vol. Fee				
Midget Leo League (2002-2004)		\$520.00 + \$60 Vol. Fee				
Atom - Midget Rep*		\$560.00* + \$60 Vol. Fee				
*Competitive/Bancroft Jets Tryout Fee. If your child chooses to try-out for a Rep team, the tryout fee is an additional \$60.00 and can be added to your cart during registration. Players <b>must</b> be registered with their Minor Hockey Association to be permitted on the ice for try-outs.						
What Division _____ will your child be playing? Will they be trying out for a Rep team? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was the player registered with BDMHA last year? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "No", has the player played organized hockey in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>We now accept pmt plans and E-Transfers (treasurer.BDMHA@gmail.com)</b>						
Jumpstart & The Big Play Funding subsidies may be available, see our "Subsidy Assistance Info" doc. On our website for more info.						
A \$60 user fee must be collected from players of Non-Participating Municipalities						
If your child's registration is not paid in full by September 20 <sup>th</sup> 2019, she/he will not be legally registered, and therefore will not be permitted on the ice for insurance reasons (Leo & Competitive league), as per OMHA regulations.						



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I give the BDMHA permission to use my child's photo in news releases, newspaper articles, slide shows, or other BDMHA team/player related activities. Parent/Guardian Signature: \_\_\_\_\_ Date: 2019/ \_\_ / \_\_

I, the undersigned certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incident thereto, and by signing this certificate I have become subject to the rules and decisions of Hockey Canada, its Branches and/or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. And I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions. Further, the information requested above is required by Hockey Canada to facilitate hockey programs on behalf of the registrant and Hockey Canada. Hockey Canada will treat this personal information with the utmost respect and in accordance with the Hockey Canada Privacy Policy at all times.

PARENT/GUARDIAN Signature \_\_\_\_\_ Date: 2019 / \_\_\_\_ / \_\_\_\_

**Office use only**

**Amount received \$ \_\_\_\_ .00    Date: 2019/ \_\_\_\_ / \_\_\_\_    Rebate cheque # \_\_\_\_**