

MARIPOSA MINOR HOCKEY ASSOCIATION-REGISTRATION FORM

PLEASE PRINT:

Player's Name _____ Division _____

Date of Birth: Month _____ Day _____ Year _____ Age _____

Parents/Guardians Name: _____

Address: _____

Box #/House No. & Street Name _____ Town _____

Postal Code _____ Telephone Number _____

eMail Address _____

Does your child have any health conditions that MMHA should be made aware of?
If so, please indicate: _____

Please list any other family members registered with MMHA: _____

MARIPOSA MINOR HOCKEY RELEASE AND INDEMNITY

The undersigned parent(s)/guardian(s) covenants and agree to indemnify and save harmless Mariposa Minor Hockey from all claims, actions, damages, and demands which may be brought by or on behalf of our child or children against Mariposa Minor Hockey arising out of his or her participation in the hockey season, including all costs, damages, and expenses if defending any such claims or actions and against any loss arising there from.

In signing this consent form I/We agree that all members of our family will abide by the MMHA Code of Conduct. I/We understand that any failure to comply with the MMHA Code of Conduct may result in disciplinary action.

I have read and understand **ARTICLE 4 -MEMBERSHIP AND RESPONSIBILITIES - ADOPTED CONSTITUTION MARCH 26, 2008** and agree to adhere to the terms set within.

Signed, sealed, and delivered in the presence of:

Parent/Guardian: _____ Date: _____

PLEASE SEND REGISTRATION FORM ALONG WITH YOUR \$50.00 DEPOSIT/PLAYER AND POST DATED CHEQUES MADE PAYABLE TO MMHA TO Anne Cox, 1116 Elm Tree Road, Little Britain, KOM 2C0. ALL Cheques must be *dated and received* prior to September 30, 2009.

FOR MMHA USE ONLY

			<u>CASH</u>	<u>CHEQUE</u>
Registration Cost		_____		_____
Power Skating	Yes/No	_____	April	_____
Family Pass	Yes/No	_____	May	_____
Registration Credit		_____	June	_____
Late Registration Fee		_____	July	_____
Total Registration Cost		_____	August	_____
			Sept	_____

MMHA WILL CHARGE TO RECOVER FEES FROM ANY NSF CHEQUES.