

**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, 2010.**

**FOR MMHA USE ONLY**

		<u>CASH</u>	<u>CHEQUE</u>
Registration Cost	_____	_____	_____
Power Skating	Yes/No _____	_____	_____
Family Pass	Yes/No _____	_____	_____
Late Registration Fee	_____	_____	_____
Total Registration Cost	_____	_____	_____

**MMHA WILL CHARGE TO RECOVER FEES FROM ANY NSF CHEQUES.**