

Warner & District Minor Hockey Association Registration

Player Information							
Surname:			First:				
Mailing Address:							
Town:		Prov:		Postal Code:			
Residential Address: <small>(if different, i.e. land location)</small>							
Previous Address: <small>(if less than 1 year)</small>							
Date of Birth (mm/dd/yyyy)		BC Verified		Gender:		AB Health #:	
Team Information							
Position:		Shoots:		Division:			
Parent/Guardian Information							
Father:		Mother:					
Address:		Address:		same			
Home #:		Home #:		same			
Work #:		Work #:		same			
Cell #:		Cell #:		same			
Email:		Email:		same			
Emergency Contact							
Name:				Home #:			
Address:				Cell #:			

Parent/Guardian Agreement	
<p>The parent/guardian of the above-mentioned player hereby consents to his/her participation in the Warner & District Minor Hockey Association (WDMHA) system. I/We further agree to accept financial responsibility for any equipment supplied to my son/daughter by WDMHA that is lost or damaged while in his/her custody and to return such equipment clean and in good repair to WDMHA. The parents/guardians and players further agree to be bound by the terms and conditions of WDMHA Bylaws, Policies and Procedures and to adhere thereto. I accept that the terms and conditions of WDMHA Bylaws, Policies and Procedures can be found and read at http://www.warnerminorhockey.ca.</p>	
Parent/Guardian's Name (print):	
Parent/Guardian's Signature:	
Date:	

Display of Player Name/Photograph ~ Parent/Guardian Consent Form	
<p>The parent/guardian of the above-mentioned player hereby gives WDMHA permission to display the name and/or photo of him/her for the operation and promotion of the association in such activities as tournament rosters, posters, programs and media releases and events etc.. WDMHA will follow the bylaws and guidelines of Hockey Alberta pertaining to the Freedom of Information and Privacy Protection Act.</p>	
Date:	Parent/Guardian Signature:

REGISTRATION PAYMENT – Must be paid in full by NOVEMBER 1 of each season	
<i>(The player listed above will not be allowed on the ice after November 1, if the account is in arrears.)</i>	
Cheque <input type="checkbox"/> \$	Post Dated Cheque(s) <input type="checkbox"/>
Cash <input type="checkbox"/> \$	Credit Card <input type="checkbox"/>

Fund-Raising Agreement	
<p>I realize that not all funds required to operate this association are raised through registration dollars. I hereby agree that each registered player will contribute to any fundraiser(s) chosen by the Board each season. (Events, such as, Milk River Kinsmen Corvette Raffle Ticket sales, Alberta Gaming Casino events and WDMHA home game 50/50 raffles are deemed to be mandatory member obligations, and are not considered to be a Board chosen fundraiser.)</p>	

AUTHORIZATION: (Warner Minor Hockey Board Representative): _____