Nickel Centre Minor Hockey Association

P.O. Box 539, Garson, Ontario P3L 1S6 Tel.: (705) 693-2203 Fax: (705) 693-3066
www.ncmha.net

Hockey Registration Form for 2011/12 Season

PLEASE PRINT CLEARLY
COMPLETE FORM IN FULL AND MAIL WITH PAYMENT TO ABOVE ADDRESS TO BE RECEIVED PRIOR TO SEPT. 1, 2011

Date:_____

Player Name: _____ **BIRTHDATE:** _____
(day / month / year)

Address: _____ Gender: _____ Age: _____

_____

City: _____Prov.: _____ Postal Code: _____ Tel.: _____

Email: _____ Fax:_____

Would you be interested in receiving Association news by e-mail ? (circle one) YES NO

Houseleague level:_____ **Fee:** _____
(Initiation, Tyke, Novice, Atom, Peewee, Bantam, Midget)

Is this the first year your child has registered with the N.C.M.H.A.? (circle one) YES NO
(Note: If this is your first time, proof of age is required)

If NO which level and team was he or she registered with last year: _____

Parent/Guardian Name: _____ Telephone:_____ Willing to help?_____

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IF PARENT/GUARDIAN IS AN EMPLOYEE OF XSTRATA PLEASE FILL IN BELOW

EMPLOYEE NAME:_____**XSTRATA** EMPLOYEE N^{O}:_____

Registrants, by execution of this registration form, release and discharge the Nickel Centre Minor Hockey Association, their officers, directors, coaches, assistant coaches, trainers, managers and other volunteers, or anyone else connected with Nickel Centre Minor Hockey Association from any and all known or unknown damages, injuries, losses, judgements and/or claims from any causes whatsoever that may be suffered by any participant to person or property.

REGISTRANTS ALSO AGREE TO SIGN AND ABIDE BY ALL CODES OF CONDUCT (Parent/Guardian & players). **AS POSTED ON THEIR WEBSITE AT WWW.NCMHA.NET** (copies available on request).

A $25. CHARGE WILL APPLY TO EACH NSF OR DISHONOURED CHEQUE

Privacy policy: The confidential information collected by the Nickel Centre Minor Hockey Association (N.C.M.H.A.) will not be divulge to any third party except where required by law or required for the matters directly related to N.C.M.H.A. activities and/or your participation in the N.C.M.H.A.

_____ _____
Parent/Guardian signature Date

PAYMENT DETAILS	Date of Cheque	Amount of Cheque
A $25. CHARGE WILL APPLY TO EACH NSF OR DISHONOURED CHEQUE		
CASH CHEQUE(S)	_____	_____
	_____	_____
	_____	_____
	_____	_____

_____
For N.C.M.H. Association

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