



PLAYER REGISTRATION FORM 2018 / 2019

PLAYER'S FIRST NAME: _____	POSITION PLAYED: _____
PLAYER'S LAST NAME: _____	
ADDRESS: _____	
CITY: _____	POSTAL CODE: _____
PHONE NUMBER: _____	DATE OF BIRTH: _____
EMAIL ADDRESS: _____	MALE OR FEMALE: _____

MOTHER'S FULL NAME: _____	
FATHER'S FULL NAME: _____	
ADDRESS: _____	
CITY: _____	POSTAL CODE: _____
PHONE NUMBER: _____	EMAIL: _____

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

Third Child Discount: A discounted registration fee of \$260 applies to the third child registering from the same family living at the same address :

Forth/Fifth Child Discount: A dicounted registration fee of \$ 150.00 applies per child registering from the same family living at the same address

Fees: \$50 Fundraising Fee (One per family); \$100 Try Out Fee; \$250 District Fee for every BB or AE Player due by September 15, 2018; \$100 fee (applicable after August 5, 2018); \$200 Volunteer Bond cheque post dated for April 1, 2019.

Birth Certificate: You must provide a birth certificate when registering with the OMHA for the first time.

Refunds: NO REFUNDS AFTER NOVEMER 15, 2018. All withdrawal requests must be submitted in writing to the Overall Chair.

There is a \$50 administration fee prior to the first game. Withdrawals after the first game and before November 15, 2018 are subject to a \$75 fee plus pro-ration of ice used. Late Fees, Try Out Fees, and Fundraising Fees are non refundable.

NSF Cheques: Subject to a \$50 Fee. (Cash only)

Requests for Coaches or to be with players: In the interest of balanced teams, no team requests will be guaranteed.

Hockey School	Jr Hawks	Novice LL	Atom	PeeWee	Bantam	Midget	Juvenile
2014 / younger	'13 / '12/'11	2010	'09/'08	'07/'06	'05/'04	'03/'02/'01	'2000/'99/'98
\$180	\$555	\$620	\$695	\$695	\$695	\$695	\$695

FOR OFFICE USE ONLY

Division _____	BB or LL _____	Date: _____
Price: _____	Try Out Fee: _____	Raffle Fee _____
		Late Fee: _____
		Total: _____
Received by: _____	Method of payment: _____	

In consideration of accepting the above-mentioned applicant, I grant permission for my child to participate in the Thorold Amateur Athletic Association (TAAA) program and I acknowledge the element of risk that is involved in this activity. I further agree to abide by all rules, regulations, Constitution and By-laws of the TAAA which can be found on the website. I further agree that all property of the TAAA will be returned at the completion of the hockey season in good condition.

Signature _____

Date: _____