



# LUMBY & DISTRICT AMATEUR HOCKEY ASSOCIATION

## PLAYER REGISTRATION FORM 2017/18

### PLAYER INFORMATION (PLEASE PRINT)

Last Name		First Name		Initial
Mailing Address		City		Postal Code
Birth Date	Gender M <input type="checkbox"/> F <input type="checkbox"/>	BC Care Card Number(10 digits)		Phone Number
Is this your first year of hockey? YES NO		Division you would like to play in (Please see age guidelines below)		

### REGISTRATION FEES

AGE	Birth Year	Division	Cost
	Pre2013	INTRO TO HOCKEY new to hockey Do not have skills or skating ability	\$170
5,6	2011,2012	Initiation	\$360
7,8	2009,2010	Novice	\$385
9,10	2007,2008	Atom	\$435
11,12	2005,2006	Peewee	\$435
13,14	2003,2004	Bantam	\$435
15-17	2000-2002	Midget	\$475
13-17	2000-2004	Female Bantam/Midget	\$475

**First Time Players Discount** – 50% off registration (if player has never played minor hockey does not include intro–if player has played intro discount does not apply for initiation or other divisions.)

**Family Discount**- This applies to families of 3 or more. Full fee for the first two players, additional players 50% off.

**Financial Assistance** If you need financial assistance please download the Kid Sport form. Kid Sport grants are on a first come first serve basis so please get the forms in early. Kid Sport covers \$150 of your registration.

<http://www.kidsportcanada.ca/british-columbia/greater-vernon/>

**\*\*\*\*\*Payment arrangements must be made before players are allowed on the ice\*\*\*\*\***

Payment Plans: **Option A** – Fees paid in full before the first practice in September. **Option B** – 1<sup>st</sup> payment of \$150 paid before player is allowed on the ice with 2 post dated cheques for the balance dated Oct 15<sup>th</sup> & Nov 15<sup>th</sup>. **Option C** – 1<sup>st</sup> payment of \$150 paid before player is allowed on the ice with 4 post dated cheques for the balance dated Sep 15<sup>th</sup>, Oct 15<sup>th</sup>, Nov 15<sup>th</sup>, Dec 15<sup>th</sup>. **All fees must be paid in full by December 15<sup>th</sup> 2017 (failure to comply will result in the player being removed from the ice).**

**\*\*\*To utilize payment plan option please fill out form on page 2, sign and submit to registrar prior to player being on the ice.\*\*\***

### PARENT INFORMATION (PLEASE PRINT)

Parent/Guardian Name (where player resides)	Residence Address	Home Phone	Work/Cell Phone
Other Parent Name(if applicable)	Residence Address	Home Phone	Work/Cell Phone
Emergency Alternate Contact	Residence Address	Home Phone	Work/Cell Phone
Are there any custody issues that your manager /coach needs to be aware of: please circle one YES (please provide documentation) NO	Do you give permission for photos or your child's name to be posted on the LMHA website, in the newspaper, tournaments, program roster and sponsorship boards? YES NO	E-mail Address	
<b>SIGNATURE AND WAIVER:</b> We here by acknowledge the authority of the CHA, BCAHA, OMAHA, and Lumby & District Minor Amateur Hockey Association (LMAHA) and agree to carry out, and abide by the Constitution, Bylaws, Policies, Rules and Regulations of these Associations.			
<b>EQUIPMENT:</b> We, at the end of these as on covered by this registration form, agree to return all equipment provided by LMAHA in good condition. Should we fail to do so we agree to reimburse LMAHA for their placement cost of the items borrowed and damaged.			
<b>RELEASE:</b> In consideration of this application to play under the auspices of the LMAHA, I do here by for myself, heirs, executors, administrators, and assigns, remise release and forever discharge the CHA, BCAHA ,PCAHA, OMAHA, LMAHA, the association, its litigation, damage claims, or demands in law or equity which I may have or acquire by reason of personal injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of the LMAHA.			
Date	Signature of Parent	Signature of Player	

**Registration Deadline JULY 15, 2017. \$75 late fee will be applied to registrations received after this date.**

**Full payment or 1<sup>st</sup> payment of \$150 due before the 1<sup>st</sup> practice in September\*\*\*\$30.00 NSF APPLICABLE ON ALL RETURNED CHEQUES**

**Mail to: LMHA Box 52 Lumby, BC VOE 2G0 or drop off at Snac Shac**

*LMHA socks are mandatory & will be available at the start of the season.*



**LUMBY & DISTRICT AMATEUR HOCKEY ASSOCIATION**

**APPLICATION FOR PAYMENT PLAN 2017/18**

Parents Name: \_\_\_\_\_

Players Name: \_\_\_\_\_

Division: \_\_\_\_\_ Recreation or Rep: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Reason you are applying for payment plan: Balance Owing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment plan outline:

\_\_\_\_\_  
\_\_\_\_\_

I hereby agree to pay LMHA hockey registration based on the plan above:

\_\_\_\_\_

Approval of LMHA Director:

\_\_\_\_\_