



Returning Members for 2009-2010 season

Registration:

Get rewarded by paying the Early Rate, a \$50 savings if you register by June 17th, New rates apply on June 18th, this does not apply to New Members.

Online Registration:

For returning members the online registration is available to those who wish to pay with Visa or Master Card. Find the LINK at our website under the Registration page. You will be able to register from the comfort of your own home or where ever you have internet connection. The Hockey Canada site provides you with secure website for registration and payment. First time to register online, you need to create a **username & password** and follow the simple instructions. For those who register online, no paperwork to forward to WDMHA, simply pay online.

Family Discounts:

2 in a family - \$20 off
3 in a family - \$80 off
4 in a family - \$140 off. Please deduct amount off oldest child's Registration **ONLY**.

Cheque Payment option:

All cheques are payable to WDMHA
For Tax purposes, separate chq for each registration, do not combine family total.

Full payment amount: Date: Sept 15/09 or current date

Post Date option: 2 Cheques
post date 1/2 payment Date: Sept 15/09
post date 1/2 payment Date: Nov 15/09

\$45 Rep tryout fee & \$30 Atom Development fee:

Date: Sept 15/09 *Must be separate chq please

Mail in checklist:

- Complete, Returning Member registration form
- Payment – Cheques if you chose the Cheque payment option.

Returning Member Registration – Box 41010 RPO South Lake Country BC V4V 1Z7

Volunteer Information:

Every family in Winfield Minor Hockey must either Volunteer within the association or you may choose to pay the Volunteer Fee in lieu of volunteering. In the Fall, once the teams are formed, the Volunteer issue will be attended to at the Team level.

The only Volunteer Applications we require early placement for are **Coaches and HCSP - Hockey Canada Safety Person (Trainer)** for Midget/Bantam/Peewee Rep and Atom Development teams. These 2 applications may be found on our website under **About & Admin/Coaches**.

Rep Tryouts:

Rep tryouts usually start the week we go back to school, which is Tues Sept 8th. We hope to start tryouts on Weds the 9th for Peewee, Bantam, Midget Rep. The Atom Development tryouts will begin the following week. Each player is usually guaranteed 3 ice sessions and the 1st cuts are as early as the end of the first week. Please visit our website in August for Tryout schedule.

House/Recreational Players from Novice up will go out for a evaluation skate around the 3rd week into Rep tryouts. You will receive a call and a schedule will be on the website so check website often.

Pre-Season Skills & Conditioning Camp: We will be running our camp again for 2 weeks.

Week 1: Mon Aug 17th to Fri Aug 21st

Week 2: Mon Aug 24th to Fri Aug 28th

You have the option to attend 1 week or attend 2 weeks at a special price. This Camp is open to all BC Players who are registered with their Home association for the 2009-2010 season.

Please keep checking back to our website for updates regarding Instructors/Schedule/Registration etc.

2009-2010 Returning Member Registration

visit us @ www.winfieldminorhockey.com

Age	As of Dec 31/09	Division	Early Rate	Rate after Jun 17th	New Members	Rep Tryout Fee	REP Fees, due upon team selection
5/6	2004/03	Initiation	\$300	\$350	\$150	n/a	n/a
7/8	2002/01	Novice	\$350	\$400	\$175	n/a	n/a
9/10	2000/99	Atom /Atom Dev.	\$350	\$400	\$175	\$30	\$150
11/12	1998/97	Peewee	\$380	\$430	\$190	\$45	\$175
13/14	1996/95	Bantam	\$380	\$430	\$190	\$45	\$175
15/16/17	1994/93/92	Midget	\$300	\$350	\$150	\$45	\$175
Note: Initiation & Midget House			1 practice weekly. All other divisions 2 times a week.				
Note: Midget Rep			Upon selection to Midget Rep, additional \$80 in Registration will be due.				
Note: All Rep Fees			Due upon Team selection, payable to the Association in October.				

Player information – please print

Last Name	First Name	Initial	Gender (Circle) M F
Street Address	City	Postal Code	
Birth Date (Day/Month/Year)	Phone	BC Care Card #	
Player Position	Shoots L R	Weight	Height
Name & Division Of Sibling In WDMHA			

Parent/Guardian information – please print

Father's Last Name	First Name	Email – Confirmation Sent Via Email Please Provide
Phone # If Different	Cell #	Work
Mother's Last Name	First Name	Email - Confirmation Sent Via Email Please Provide
Phone # If Different	Cell #	Work
Emergency Contact	Phone #	Cell #

Cheque payments	Payable to WDMHA	Separate chq for each registration
Full Payment	Date: 15 Sept 09	Or Current date
Post Date Fees – (1/2) payments	Date: 15 Sept 09	Date: 15 Nov 09
\$45 Rep Tryout Chq (\$30 Atom Dev)	Date: 15 Sept 09	* This chq must be separate please
Family Discounts: 2 - \$20 off 3 - \$80 off 4 - \$140 off. Please deduct amount off oldest child's Registration ONLY		
Mail Cheques & complete Registration form to Registration Box 41010 RPO South Lake Country BC V4V 1Z7		

If you choose to pay via Credit Card, please register online (No forms to mail back) , or complete the following information.

VISA Card #	MasterCard #	Card Holder Name
Credit Card Signature X		Amount \$
		Expiry ____/____

Waiver - We hereby acknowledge the authority of the CHA, BCAHA, OMAHA and the WINFIELD & DISTRICT MINOR HOCKEY ASSOCIATION (WDMHA) and agree to carry out and abide by the CONSTITUTION, BYLAWS, RULES and REGULATIONS of those associations.
Equipment – We, at the end of the season covered by this registration, agree to return all equipment provided by WDMHA in good condition and should we fail to do so we agree to reimburse WDMHA for the replacement cost of same.
Release – In consideration of this applicant to play under the auspices of the WDMHA, I do hereby for myself, heirs, executors, administrators And assigns; remise release and forever discharge the CHA, BCAHA, OMAHA, the WDMHA, it's officers or anyone acting on their behalf from all manner of 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 WDMHA.
I AM THE PARENT OR LEGAL GUARDIAN OF THE INDIVIDUAL NAMED ON THIS FORM, AND HAVE READ THE WAIVER ON THIS PAGE AND AGREE TO ALL THE STATED CONDITIONS.

Parent/Legal Guardian Signature X