

Player Registration for 2019-2020 Season

Please complete the following form for each child registered. A child will NOT be a registered player until form, fundraising fee and registration fee are received.



www.englehartmha.com

P.O. Box 391 Englehart, Ontario P0J 1H0

Player's Name: _____ Date of Birth (YY/MM/DD): _____

Address: _____

Postal Code: _____ Birth Certificate presented (only for 1st year playing) Y/N Gender : _____

Last Year's Team: _____ Level: _____ Goalie: Y/N

Parent/Guardians' Names: (Please Print). Hockey Canada now requires both a phone number and an email address to register.

1: _____ Home #: _____ Email: _____

2: _____ Home #: _____ Email: _____

Communication: Can EMHA email you? (This is to comply with Anti-spam legislation) Yes No

Media Release: Do you consent to, and release, your child's image and/or name to EMHA to use for publicity, print and social media, and/or advertising? Yes No

Interested in trying out for Rep (Atom level): Yes No

Rep team applicants will be subject to additional fees

Division	Registration Rate	Cash Calendar Fee	Late Rates Effective Aug 1, 2018	Rates Paid
Initiation (2013, 2014, 2015)	\$250	\$200*	n/a	
Novice (2011, 2012)	\$450	\$200*	\$600	
Atom (2009, 2010)	\$500	\$200*	\$600	
Pee Wee (2007, 2008)	\$500	\$200*	\$600	
Bantam (2005, 2006)	\$500	\$200*	\$600	
Midget (2002, 2003, 2004)	\$500	\$200*	\$600	
Total Registration Due				
3 or more players per family subtract \$100 off your youngest player's registration rate. First time registered receive a \$100 off upon receipt of birth certificate and verification.				
Grand Total				

* Cash Calendar Fee will be divided half to the team and half to EMHA \$100 each.

FOR THE 2019-2020 SEASON

EMHA reserves the right to determine the number of teams per division based on the player registrations and number of bench volunteers.

Signature of Parent/Guardian: _____

METHOD OF PAYMENT

<input type="checkbox"/> etransfer	Email to: emha.treasurer@gmail.com	Question: what is this for answer: registration2019			
<input type="checkbox"/> Cash	Amount Received:	Received by:			
<input type="checkbox"/> Cheque #	Dated : <small>(must be registration date)</small>	Amount:	Cheque #	Dated: <small>(must be before Aug. 1)</small>	Amount:

EMHA Executive Member: _____

For Executive Use Only

- Registration Form Received & Completed
 - Fundraising Fee Paid
 - Fundraising Calendars Handed Out
- 1 of the 3 Need to Be Completed
- Registration Fee Received
 - Registration Payment Plan Agreed
 - Jumpstart Agreement Form Signed