

BALTIMORE ICEDOGS MINOR HOCKEY ASSOCIATION

P.O. BOX 195, BALTIMORE, ONTARIO, K0K 1C0, P:905-372-5662 EXT 6
www.baltimoreicedogs.com PBN#883492001 ONTCORP#000778131

PLAYER REGISTRATION FORM 2021-22

(SEPARATE FORM FOR EACH CHILD PLEASE)

PLAYER'S LAST NAME: _____ PLAYER'S FIRST NAME: _____

DATE OF BIRTH: DAY _____ MON _____ YR _____ SEX: MALE _____ FEMALE _____

ADDRESS: Indicate Lot & Concession # & 911 #: _____

TOWN / TOWNSHIP: _____ POSTAL CODE: _____

PARENT/GUARDIAN (1) NAME: _____ PHONE: _____

PARENT/GUARDIAN (2) NAME: _____ PHONE: _____

EMAIL: _____ GOALTENDER: YES - _____ NO - _____

WHERE YOU PLAYED LAST SEASON: _____ FIRST TIME PLAYER - Attach birth certif - _____

REGISTRATION FEES: Our program runs GENERALLY from Nov. 1 to Mar. 1 on average 2hrs per week. Ice times offered prior to or after these dates will be charged separately.

CHEQUES MADE PAYABLE TO – BALTIMORE MINOR HOCKEY in one cheque.

U5 – Previously Pre-school	2017	\$450	\$ _____
U7 – Previously IP	2015 – 2016	\$450	\$ _____
U8 – Previously Minor Novice	2014	\$550	\$ _____
U9 – Previously Novice	2013	\$550	\$ _____
U11 – Previously Atom	2011 – 2012	\$550	\$ _____
U13 – Previously Peewee	2009 – 2010	\$550	\$ _____

GRAND TOTAL OWING TO BMHA: (if paid in full by Nov. 1) \$ _____

ADD MANDATORY LATE FEE of \$100 (if paid after Nov. 1) \$ _____

NEW TOTAL IF LATE FEES APPLIED: \$ _____

REFUND POLICY: Pro-rated refund can be requested until November 15 for all divisions except IP & Pre-School which is extended to December 1. In ALL cases, a \$25 administrative fee will be withheld.

PARENT / GUARDIAN INFORMATION: In consideration of allowing the above named child to play hockey, I hereby, on behalf of him or her, release Baltimore Minor Hockey Association, its directors and agents thereof from any and every obligation, liability, claim or demand whatsoever arising out of any injuries or accidents, or the treatment thereof, including, and without limitation, liability in tort, and extending to all damages whenever and wherever arising, including but not limited to, any injuries incurred during the playing of the game, practices and transportation to and from the arenas or any BMHA function. I understand and agree that my name, phone number and email address will be listed on my child's team list and be made available to coaches and executive members. I also understand and agree that articles and/or photos of my child may be used in newsletters, bulletin board postings, brochures, or on BMHA's website.

PARENT SIGNATURE (FOR TAX CLAIM): _____ DATE: _____

PARENT PRINTED NAME: _____ BMHA EXECUTIVE: _____