

## QUESNEL & DISTRICT MINOR HOCKEY 2020/2021 REGISTRATION FORM qdmha@shaw.ca (250) 992-2119 www.qdmha.com

PLAYER NAME: LAS	ST		FIRST						
PLAYER ADDRESS: _		POSTAL CODE:				_			
BIRTH DATE: (MM/D	D/YR):	MALE	_FEMALE	ОТН	IER				
CONTACT PHONE:	PLAYER (Phone	# where they live) _							
DAD: (h)	(w)	(	c)						
MOM: (h)	(w)		(c)						
CONTACT EMAIL: D	AD		MOM						
RECREATION PASS #	<b>#:</b>	CARE CARD	#						
	CASH/E-TRANSFER	VISA/MC PRICE	CASH/E-TRA	ANSFER	VISA/MC PRICE	CASH/E-1	TRANSFER	VISA/	MC PRICE
	BEFORE APRIL 1	BEFORE APRIL 1ST	AFTER AP	RIL 1	AFTER APRIL 1	AFTER	SEPT 1	AFTE	R SEPT 1
FIRST TIME PLAYERS	\$ 200.00	\$ 207.00	\$	200.00	\$ 207.00	\$	200.00	\$	207.00
U7 4-6 Yrs (2014-2016)	\$ 225.00	35.00	\$	275.00	\$ 285.00	\$	350.00	\$	365.00
<b>U9</b> 7-8 Yrs (2012-2013)	\$ 400.00	\$ 415.00	\$	450.00	\$ 465.00	\$	525.00	\$	545.00
<b>U11</b> 9-10 Yrs (2010-2011)	\$ 450.00	\$ 465.00	\$	500.00			575.00	\$	595.00
U13 11-12 Yrs (2008-2009)	\$ 450.00	\$ 465.00	\$	500.00	\$ 515.00	\$	575.00	\$	595.00
U15 13-14 Yrs (2006-2007) U18 15-17 Yrs (2003-2005)	\$ 450.00	\$ 465.00	\$	500.00		\$	575.00	\$	595.00
				500.00		\$			595.00
E/TRASNFER TO qdmh REP TRYOUT FEE		dd on the Notes Sect 60.00	ion of your tra	ansfer th	ne name of the pla	ayer(s) you	are paying	g for.	
FATHERS NAME:		ADDRESS:			PH#		_		
MOTHERS NAME:		ADDRESS:			_PH#		_		
ALTERNATE EMERG	SENCY CONTACT	:							
NAME:	AIVER: We hereby Bylaws, and rules a eration of this applies, remise, release as flitigation, damage, thich may occur during REGISTERING AS GIVE CONSENT CHERWISE RECORDING AND TO CE, VOICE AND NOW MINOR HOCKEY CONE IN RELIAN OUT personal email athe end of each sease	acknowledge the aut and regulations of tho ication to play und and forever discharge claims, or demands in gor by reason of parameters of the action of the	thority of the see association as association as the NCD, Both I aw or equination in the QUESNE WHOM YOU CAND ALL IN JRPOSE WHOU UNDERSTENT GIVEN to ther parents registration, as	NCD, Eas.  ces of C HOCk  ty which the activ L HOCK  DU ARI  ITUTES  MEDIA  ATSOE  STAND  BY YOU  may se  agree to	QDMHA, I do KEY, QDMHA, I may have or a rities of QDMHA KEY RINK(S) A E RESPONSIBL S YOUR CONS THROUGHOUT EVER IN CONN THAT ALL PHOUBY ENTERIN	hereby fo its officers cquire by i  AND BY M E FOR T ENT TO THE UNI ECTION V HOTOGRA IG THIS A dress. Diment pro	r myself, s, or anyor reason of p YOUR PR O BE PH SUCH P IVERSE II VITH THE PHY, FIL	heirs, ne actin person i ESENC OTOG HOTOO N PERI E PROI MING	executors ag on their anjury, loss CE HERE RAPHED GRAPHY PETUITY DUCTION AND/OF
PARENT NAME:									
PARENT SIGNATURE:									

REFUND POLICY: ALL REQUESTS FOR REFUNDS MUST BE MADE IN WRITING, REFUNDS WILL HAVE INSURANCE COSTS DEDUCTED. ANY REFUNDS AFTER OCTOBER  $15^{TH}$  WILL BE CHARGED A \$30.00 ADMINISTRATION FEE.