



**ESKANOLA MINOR HOCKEY ASSOCIATION
P.O. Box 5076, ESPANOLA, ON 1S1**

REGISTRATION FORM 2020/2021

PLAYER'S NAME:		GENDER:	
DATE OF BIRTH:			
ADDRESS:			
TOWN:			
POSTAL CODE:			
PARENT #1 NAME:		PARENT #2 NAME:	
PARENT #1 EMAIL:		PARENT # 2 EMAIL:	
PARENT # 1 CELL:		PARENT #2 CELL:	

AGE DIVISION QUALIFIED TO PLAY IN: (PLEASE CIRCLE)

U7		U9	U11	U13	U15	U18
*4, 5 & 6 Years (2016, 2015, 2014)		7 & 8 Years (2013, 2012)	9 & 10 Years (2011, 2010)	11 & 12 Years (2009, 2008)	13 & 14 Years (2007, 2006)	15-17 Years (2005, 2004, 2003)
*\$65 + \$50 = \$115	\$120 + \$50 = \$170	\$460 + \$50 = \$510	\$500 + \$50 = \$550	\$620 + \$50 = \$670	\$660 + \$50 = \$710	\$660+ \$50 = \$710

** 4 year olds must be able to skate independently and will be assessed on an individual basis**
*** \$50 refers to mandatory fundraising fee***
****Any first year U7 player who has never been registered to an association before, will pay \$65, but will be responsible to pay the mandatory fundraising fee****
*****After August 29 @ 8:00 PM a late fee of \$50 will apply to all registrations. *****

If you were registered with another association last year, please list the team/association you were last registered with:

**YEAR: _____ TEAM/ASSOCIATION: _____ in the BRANCH/PROVINCE
of _____ (i.e.: NOHA)**

Please check if interested in a team staff position:

Coach: _____ Ass. Coach: _____ Trainer: _____ Manager: _____

From time to time the Print Media (i.e. Midnorth Monitor) and/or the Espanola Minor Hockey Association will take photos of players during the course of the season. I give permission for my child's photo image to be taken. By registering my child with EMHA, I hereby relinquish all the rights and any future interest of the photographs taken of me/my child on behalf of EMHA during the 2020-2021 hockey season. This release applies to any and all future uses of the photographs in any publication produced by EMHA or in which EMHA participates, including but not limited to, newsletters, social media or newspaper articles.
 I authorize EMHA to collect and use personal information about me or my child for the purpose of receiving communications from the EMHA or NOHA.

Name of Parent/Guardian: _____ Parent/Guardian Signature _____

FOR EMHA USE ONLY:

PAYMENT: CHEQUE

CHEQUE NUMBER	AMOUNT	DATE	RECEIVED BY:
#	\$	August 25 or 27/ September 15 or 17, 2020	
#	\$	October 15, 2020	
#	\$	November 15, 2020	
#	\$	December 15, 2020	

***First payment MUST include fundraising fee of \$50**

PAYMENT: CASH

CASH:	DATE:	RECEIVED BY:
\$		

***If paying by cash, the full amount owing MUST be paid at registration.**

PAYMENT: CREDIT CARD

CREDIT CARD:	DATE:	RECEIVED BY:
\$		

***If paying by credit card, the full amount owing MUST be paid at registration**

PAYMENT: ETRANSFER

ETRANSFER:	DATE:	RECEIVED BY:
\$		

***If paying by etransfer, the full amount owing MUST be paid at registration**

I, _____ have received and reviewed the Espanola Minor Hockey Association's Registration, Payment, and Refund Policy and the Equipment Policy, and will adhere to the policies as set out.

Signature

Date