



Coronation Minor Hockey

Division _____

Goalie _____

REGISTRATION FORM

(please print clearly)

SURNAME: _____

DATE OF BIRTH: _____

(dd/mm/yyyy)

GIVEN NAME: _____

ADDRESS: _____

POSTAL CODE: _____

TELEPHONE: _____

MOBILE: _____

WORK: _____

E-MAIL ADDRESS: _____

PARENTS' NAMES: _____

ADDRESS: _____

POSTAL CODE: _____

(if different from above)

Provisions:

1) I, the undersigned certify that the above information to be true and in consideration of the granting of this certificate to me with the privileges incident thereto, and by signing this certificate I have become subject to the rules, regulations and decisions of Hockey Canada, its Board of Directors, its branches (Ontario Hockey Federation) and/or divisions (Hamilton Minor Hockey Council/Coronation Minor Hockey) which may be restrictive in some areas such as movement from team to team, conduct etc. and I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, its vbranches and/or divisions. I am aware that these rules and regulations are available to me through my team manager.

2) Refund Policy: The percentage of any registration fees paid will be offered based on the date that the registrar is notified that the player wishes to withdraw for the upcoming season according to the following schedule: prior to Oct 1, 100%; during October, 80%; during November, 60%; during December, 40%; after Dec. 31, 0%

3) Coronation Minor Hockey is obliged (no option) by Alliance Hockey to pass on to them (and Hockey Canada) all registration information including Full Names, Dates of Birth and Addresses for all players and coaches. All Hockey Canada affiliated organisations are required to pass on this information and Coronation Minor Hockey thinks it necessary to inform you of this transfer of information. Parents are advised to read the Alliance Privacy Policy which outlines the use of this information by Alliance Hockey (<http://www.alliancehockey.com/>).

4) NSF Cheques are subject to an administration charge to cover any costs incurred.

SIGNATURE: _____

DATE: _____

(PARENT / GUARDIAN)

AMT PAID: _____

PAYMENT METHOD*: _____

(cash, cheque #)

RECEIVED BY: _____

DATE: _____

*Please make cheques payable to 'Coronation Minor Hockey Association'

Coronation Minor Hockey Association (CMHA) is a fully sanctioned community based organisation operating a minor hockey programme out of Coronation Community Arena located at 81 Macklin St. North in West Hamilton, Ontario.

For more information, please visit our website at:

www.coronationhockey.com