

**VAUGHAN PANTHERS MINOR HOCKEY ASSOCIATION
2018 / 2019 PLAYER REGISTRATION AND ACKNOWLEDGEMENT OF RECEIPT FORM**

TEAM & LEVEL: _____
(e.g. Minor Atom, etc. – A or AA)

Last Name : _____ First: _____

Address: _____ City: _____

Postal Code: _____ Resident at Address Since: _____

Player's Date of Birth: _____ Birth Registration #: _____

Parent's/Guardian's Name: _____ Phone # Home: _____

Parent's/Guardian's Email Address _____

Previous Hockey Played

2017 / 2018 Club: _____ Level: _____ League: _____
(e.g. A, AA, AAA) (e.g. GTHL, NYHL)

2016 / 2017 Club: _____ Level: _____ League: _____

CLUB FEES, CHARGES & NOTICES

PLAYER REGISTRATION FEE (per Section 4.2(a))

- Total of \$1,250 - \$625 due upon registration and \$625 by posted dated cheque or money order due on August 31, 2018. Cheques to made payable to the VPMHA.

LATE PAYMENTS & N.S.F. CHEQUES

- Late payment not previously approved by the VPMHA executive will result in the cancellation of all playing privileges for the registered player until such time that this fee is paid. This fee does not include other expenses that the team may incur during the season.
- N.S.F cheques will be assessed a fee of \$25.00.

RESPECT IN SPORT PARENT PROGRAM

- Every player must have at least one parent/guardian complete the program or they will become ineligible to participate in league play.

ACKNOWLEDGEMENT OF RECEIPT

(PLEASE COMPLETE ALL SECTIONS, ENTER N/A IF NOT RECEIVED)

1. I consent to my child's picture being used by the Vaughan Panthers in any advertising.

PARENT/GUARDIAN NAME (PRINT) SIGNATURE DATE

2. The Vaughan Panthers' Rules of Operation are available on our website. I acknowledge that I have read or have had the opportunity to read the Vaughan Panthers M.H.A. 'Rules of Operation' prior to signing the Player Registration documents.

PARENT/GUARDIAN NAME (PRINT) SIGNATURE DATE

3. I acknowledge that I have received a copy of the 'Supplementary Team Rules' and have reviewed same.

PARENT/GUARDIAN NAME (PRINT) SIGNATURE DATE

4. I acknowledge that I have received a copy of the Team's Preliminary Budget and have reviewed same.

PARENT/GUARDIAN NAME (PRINT) SIGNATURE DATE

FOR ASSOCIATION USE:

CHA Registration Card # _____ Payment rec'd: _____ Payment rec'd: _____