

**BURLINGTON LIONS-OPTIMIST MINOR HOCKEY ASSOCIATION**

3455 Fairview Street, Burlington, Ontario, L7N 2R4

Telephone (905) 637-0731 · www.blomha.on.ca

Player Registration 2010-2011

Birth Certificates Required as Proof of Age

PLAYER INFORMATION **NEW PLAYER TO BLOMHA** (EVALUATION SESSION WILL BE NECESSARY)

Last Name:	First:	Birth date: Month:	Day:	Year:
Street Address:		Unit #	Year moved into current residence:	
City:	Postal Code:	Telephone:		

Please provide your email address in order to receive newsletters, team related correspondence and other pertinent information. Email addresses will never be released to anyone outside of BLOMHA.

E-mail Address:

POSITION: Forward <input type="checkbox"/> Defence <input type="checkbox"/> Goalie <input type="checkbox"/> (Minor Atom to Midget Only) All willing participants rotate through the goalie position from Tyke to Novice (BLOMHA supplies goalie equipment from Tyke to Novice age groups) *On a first come basis BLOMHA will rent goalie equipment to Minor Atom goalies only.	Number of years playing hockey: _____ Level played last season: House League <input type="checkbox"/> Rep MD <input type="checkbox"/> Rep A <input type="checkbox"/> BLOMHA: <input type="checkbox"/> Other: _____
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IMPORTANT INFORMATION

- Return your registration form in person or by mail accompanied by payment in full or two instalments as noted in fees below.
- Being a returning player does not guarantee you a spot. Some divisions do fill quickly and spots are filled on a first come basis according to the date payment is received. New and returning players are able to register at the same time. If your division fills up the player will be placed on a waiting list.
- Games will not be scheduled during Christmas holidays or March Break.
- There will be a charge of \$40.00 for cheques returned NSF, after which failure to pay the full registration fee in cash or certified cheque will result in your child being suspended from the program until full payment is made.
- ALL REFUNDS must be requested in person at the BLOMHA Office.
- **A \$50 administration fee will apply for withdrawing from the program prior to September 30th.**
- Withdrawals during the month of October will be given a 50% refund of fees.
- **No refunds will be given after October 31, 2010.**
- The implementation of the harmonized sales tax effective July 1, 2010 and the debt charges for the new Appleby arena opening Sept, 2010, have made a significant impact on the cost of ice and other services.

I have read and understood the above information ____ (please initial)

Get Your Early Bird Discount! Payment schedule as noted below. After August 15th, 2010 all fees will increase by \$50.00.

PROGRAM FEES (the third and subsequent child registered in one family this season pays only \$250)

Age	Year of Birth	Fee	Due at Registration	Post Dated Cheque September 15, 2010
Development 4/5	2005/2006	\$350	\$175	\$175
Tyke	2004	\$420	\$210	\$210
Pre-Novice	2003	\$420	\$210	\$210
Novice	2002	\$420	\$210	\$210
Minor Atom	2001	\$420	\$210	\$210
Atom	2000	\$420	\$210	\$210
Minor Peewee	1999	\$460	\$230	\$230
Peewee	1998	\$460	\$230	\$230
Minor Bantam	1997	\$460	\$230	\$230
Bantam	1996	\$460	\$230	\$230
Minor Midget	1995	\$500	\$250	\$250
Midget	1992-1994	\$500	\$250	\$250

AGREEMENT TO PARTICIPATE IN THE BURLINGTON HOUSE LEAGUE / REP PROGRAM (as applicable)

1. **CONDUCT:** I/my participating child hereby agree to abide by and support the current Alliance and BLOMHA rules of play and personal conduct. I/my participating child am/is aware that the failure to comply with any ALLIANCE and BLOMHA rule is absolutely prohibited by the ALLIANCE and BLOMHA. I acknowledge that parents/players may be banned from arenas "due to abusive or harassing behaviour towards players/coaches/league officials or other parents". I further acknowledge that the length of any such ban shall be in the sole discretion of the Board of Directors of BLOMHA. If parents refuse to stay away from an arena after being ordered to do so, their child will be removed from the program.

2. **AUTHORIZATION FOR SERVICES:** I, the participant/player acknowledge that from time to time I/my child may be traveling from place to place, sleeping away from home, and eating away from home. I reserve the right to take action from negligence but, subject to that, I release the ALLIANCE and BLOMHA including all members, coaches, managers and Association executive from any responsibility. As well, I hereby allow for pictures to be taken of my child (ren) from time to time for use in BLOMHA publications.

3. **RISK OF SERIOUS INJURY:** I hereby understand and appreciate that participation as a hockey player carries a degree of risk to me/my participating child of injury, including permanent disability, paralysis or death.

AGREEMENT TO ABIDE BY BOARD DECISIONS

I, the undersigned, certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incidental thereto and by signing this certificate I have become subject to the rules, regulations and decisions of the ALLIANCE and BLOMHA and their Executive 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 the ALLIANCE and BLOMHA and their Executive. I am aware that these rules and regulations are available through my local executive. I am aware that BLOMHA has a Harassment & Abuse Policy which is available online at blomha.on.ca or at the office if I do not have one in my possession.

Parent/Guardian Name:

Signature:

Date:

PLEASE MAKE ALL CHEQUES PAYABLE TO BLOMHA
(cash or cheques only / debit and credit cards not accepted)

SPACES BELOW FOR OFFICE USE ONLY

BLOMHA Initials:

Date:

Paid in Full: Amount: \$

Cash: Cheque #:

Date:

Post Dated Option Detail Below:

Cheque 1: Amount: \$

#:

1st Cheque Date:

Cheque 2: Amount: \$

#:

2nd Cheque Date: September 15, 2010

Other Players in Same Family:

Name:

Birth Year:

Amount: \$

Name:

Birth Year:

Amount: \$

Name:

Birth Year:

Amount: \$

