



Markham Regional Ringette Association 2008-2009 Consent Form

PLEASE PRINT CLEARLY – Complete a separate registration form for each player

First Name _____ Last Name _____ M/F _____

Birth date _____ Division/Team _____ Total Fee \$ _____
Month-Day-Year

Address _____
Street City/Town Postal Code

Mother _____
Name Phone No. Email Address

Father _____
Name Phone No. Email Address

Parent/Guardian Signature _____ Date _____

| Divisions and Fees | |
|--------------------|--|
| \$199.00 | First Year to Ringette Players in House League |
| \$300.00 | House League |
| \$475.00 | Regional "B" and "C" teams Novice to Belle |
| \$575.00 | Provincial "A" and "AA" teams Petite to Belle |
| \$300.00 | Open Team |
| | |

Returning players registering after September 1, 2008 will be required to add a \$50 administration charge. As well, your registration may not be accepted after this date.

Please register early to help us anticipate team numbers, plus ice and equipment requirements for the season. You have nothing to lose by signing up early. A full refund is available if a player changes her/his mind and submits a withdrawal notification to the registrar by September 1, 2008. After this date, a \$25 administration charge will be retained. Once play has started, a pro-rated refund will be assessed for withdrawals. Of course, if we cannot form a team for the player, a complete refund will be given.

----- REGISTRATION DETAILS -----

Two post-dated cheques must accompany the completed registration and consent forms. Please provide a copy of Birth Certificate for new players.

- Cheque #1 dated May 31, 2008 (or today if after May 31) for \$100.00 deposit
- Cheque #2 dated September 1, 2008 for fee balance

We can arrange a payment plan for those families needing and requesting it.

Make all cheques payable to: **M.R.R.A.**

Mail to: **Gary Santolin, MRRRA Treasurer**
79 Cresane Street
Markham, Ont, L3S 3T2

Inquiries: **Chris Nearing, Player/Program Development**
Phone: 905-472-4369
Email: bearsringette@sympatico.ca.

Players with incomplete or missing registration or fees will not be allowed on the ice. This is an insurance regulation of Ontario Ringette Association (ORA).

For MRRRA Use Only

Cheque #1 Date & Amount:

Cheque #2 Date & Amount:



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PLEASE PRINT CLEARLY - You may complete one Consent Form per family.

Parent/Guardian Name _____

Name of Participant(s) _____

Participant(s) is/are my (daughter/son/etc.): _____

1. I, the undersigned, agree to release the Markham Regional Ringette Association (MRRA) and its officers, officials, instructors and all persons associated with the organization, from any and all claims in respect of any damage or injury arising from participation in the program by the above-named participant(s).

2. I, the undersigned, hereby give consent to the above-named participant(s) being
_____ Interviewed _____ Photographed _____ Audiotaped _____ Videotaped

By the media, volunteers, parents, agents or associates of the Markham Regional Ringette Association (MRRA) during participation in the Ringette program. I understand that these materials may be used on the association website or in the media (print and broadcast), to promote MRRA activities and the sport of Ringette.

Signature _____ Date _____

Volunteers

The Markham Regional Ringette Association is a not-for-profit organization fully managed by volunteers.

Parents and older youths are needed for YOUR association to be successful, and to provide an effective, quality program for the players. *Secondary School Community Service hours can be earned.*

Please indicate how you may be able to assist:

Coaching ____ Bench Staff ____ Time/Scorekeeper ____ Fundraising ____ Sponsorship ____ Tournament ____ Other ____

How did you hear about us? _____
