

LTS

BUNNY

NOVICE

PETITE

TWEEN

JR.

BELLE



Chatham Ringette Association
Box 492 Chatham, ON N7M 5K6
www.chathamringette.com



PLAYER REGISTRATION FORM

Name: _____ Date of Birth_(dd/mm/yy): _____

Address: _____ ORA Number: _____

City: _____ Postal Code: _____ Gender: M F

Email address: _____ Phone Number: _____

Parent/Guardian Information (if under 18 yrs. of age):

Mother: _____ Home Phone: _____ Cell Phone: _____

Father: _____ Home Phone: _____ Cell Phone: _____

Alternate/Emergency contact: _____ Phone: _____

Medical Information (must be completed by each participant/guardian on a yearly basis):

Family Dr.: _____ Phone: _____

Allergies: _____

Medical Conditions: _____

Previous injuries and/or other conditions CRA should be aware of: _____

Medical Waiver/Consent Form:

The Chatham Ringette Association is not responsible for any injuries sustained by _____ during the playing of ringette games, practices or sanctioned events. I understand that the above information will be shared with my child's/ward's coach. In addition, I authorize the team staff or league officials to seek medical assistance when required and for medical care to be administered.

Please Initial

Please note that any injury sustained during a Chatham Ringette Association practice or game which requires medical attention, must be reported to your child's/ward's coach or to the "Risk Management" representative for appropriate documentation.

Please Initial

Personal Information

I authorize The Chatham Ringette Association to disclose my child's/ward's personal information to The Ontario Ringette Association (ORA) and its member associations as is required for the purpose of providing services, programs or information to them, managing team, player, coaching, and officiating records and such other purposes as described in ORA's Privacy policy. (www.ontario-ringette.com)

Please Initial

The information on this form will be used to verify residency in Chatham-Kent and will remain confidential. All personal information, including email addresses will be kept confidential and will not be distributed to any other organization, other than the ORA and the Municipality of Chatham Kent for proof of residency.

Please Initial

Photograph Consent

I consent to the Chatham Ringette Association to take photographs, videotape, and/or digital recordings of myself and my child/ward and to use these in any and all media, including the Chatham Ringette Association website and the Chatham Ringette bulletin board

Please Initial

Refund Policy

I have read, understand and accept the refund policy and rules listed on the back of this registration form, and understand that a detailed refund policy is posted on the website at chathamringette.com

Please Initial

I certify that all the information listed above to be correct and accurate:

Signature: _____

Date: _____

Please contact me, I am interested in volunteering: _____

Please contact me, I am interested in refereeing: _____

REFUND POLICY

Before June 1, a full refund will be given upon written request.

After June 1, but before Oct 15, a refund minus a \$50 administrative fee will be issued.

The \$50 administrative fee can be issued as a credit notice that can be used for the **same** child, is **valid only for the next ringette season** and will only be accepted towards registration fees.

No refunds after Oct. 15.

If a registrant sustains an injury while participating in a Chatham Ringette practice or game, such that they player will not be able to participate for the remainder of the season, a partial refund **may** be granted upon written request, to the executive for consideration, by the participant/guardian **and** with medical proof of such an injury.

All Registrants will play for the team and in the division the Executive of C.R.A feel is in the best interest of the player and C.R.A. whether it is House League or Travel.

LATE REGISTRATION

Any player registering after the registration closing date is not guaranteed a position on a travel team and will be accommodated on a space available basis.

Any player registering after the June 1 registration closing date will not be eligible for the early registration fees.

SPECIAL REQUESTS

Any special requests regarding placement must be submitted in writing at the time of registration and attached to the registration form. All requests will be taken into consideration, but are not guaranteed.

PLAYERS NEW TO CHATHAM RINGETTE MUST ATTACH COPY OF THEIR BIRTH CERTIFICATE TO THE REGISTRATION FORM

- All cheques payable to Chatham Ringette.
- Any discounts (Eat to Give, Ring A Friend) must be processed by the registrar
- All **deposit** cheques can be no less than \$100
- All post dated cheques must be dated for no later than June 1 for travel and August 1 for HL.
- A non negotiable, no refundable \$25 NSF fee is in effect for all cheques

For detailed refund policy, please see our website at Chathamringette.com

REGISTRATION PRICING: 2010/2011				Before June 1 Early Bird Rates			After June 1 (Travel) and Aug 1 (HL)		
		AGE	YR. BORN	HL	TRAVEL	H.L.& TRAVEL	HL	TRAVEL	H.L.& TRAVEL
LTS	U6	4-5	2005-2006	\$300	-	-	\$350	-	-
BUNNY	U7	6-7	2003-2004	\$360	-	-	\$410	-	-
NOVICE	U10	8-9	2001-2002	\$380	\$450	\$565	\$430	\$500	\$615
PETITE	U12	10-11	1999-2000	\$380	\$450	\$565	\$430	\$500	\$615
TWEEN	U14	12-13	1997-1998	\$380	\$450	\$565	\$430	\$500	\$615
JR	U16	14-15	1995-1996	\$380	\$450	\$565	\$430	\$500	\$615
BELLE	U19	16-18	1992-1994	\$380	\$450	\$565	\$430	\$500	\$615
OPEN	18+	18+		\$350					

CRA USE ONLY:

L.T.S.

BUNNY

NOVICE HL T

PETITE HL T

TWEEN HL T

JUNIOR HL T

BELLE HL T

PAYMENT INFO:

CASH

FULL CHEQUE

2 CHEQUES

RING A FRIEND

EAT TO GIVE:

ORA CRA