



Niagara Falls Girls Hockey Association

4500 Queen Street, P.O. Box 454
Niagara Falls, Ontario L2E 6V2
www.nfgaha.com / nrapids@cogeco.ca

Amount Paid: _____
Amount Owning: _____
Date: _____
Authorizing Initials: _____

NIAGARA RAPIDS "TRAVEL"

PLAYER REGISTRATION FORM 2009-2010 HOCKEY SEASON

Player Name _____ Date of Birth (MM/DD/YYYY): _____
Address: _____ City: _____ Province/State: _____
Postal Code: _____ Parent/Guardian E-Mail: _____
Phone Number: _____ Parent Names: _____

Does the player have any medical conditions we should be aware of? YES NO (If yes, please give details.)

Hockey Organization registered with in 2008-2009 season: NFGHA: Other: _____

TEAM SELECTION: Please check the division the player is eligible for. Ages are listed by year of birth.

Division:

- Atom ('00,'99) Peewee ('98,'97) Bantam ('96,'95) Midget ('94,'93,'92)
 Intermediate ('91-'88 if sufficient registrations)

THE ACTUAL TEAMS OFFERED WILL DEPEND ON FINAL REGISTRATONS AND PLAYER ABILITY

POSITION: Player Goalie Number of years playing hockey _____

REGISTRATION FEES:

Atom, Peewee A/BB/B, Bantam BB/B, Midget B **\$800**
Registration paid in full by May 12, 2009 is **\$750 (\$50 discount)**

Peewee AA, Bantam AA/A, Midget AA/A/BB, Intermediate **\$940**
Registration paid in full by May 12, 2009 is **\$890 (\$50 discount)**

The registration fee this year also covers a \$1500.00 tournament allowance per team as long as the team provides 2 volunteers to cover each of 2 bingos.

After tryouts are completed, players will not be allowed on the ice until payment is received in full.

Please make cheques payable to NFGHA

This registration incorporates a fundraising fee – so there will be no mandatory fundraising this season for the association.

Agreement: As the parent/guardian of the above named player, I give my permission for her to play hockey with the NFGHA and agree to abide by the rules of the OWHHA and NFGHA. I am aware the sport of hockey involves a risk and the possibility of minor to severe injury or death. It is understood that I will not hold the Coaches, bench staff or the Association responsible for any loss, damage, or injury. It is my responsibility to ensure the player is outfitted and wears all proper CSA approved hockey equipment. **Pictures and/or text of NFGHA players including their names may be used for internal or external NFGHA publicity purposes in various media.** I acknowledge that the personal information collected and retained by the Niagara Falls Girls Hockey Association, including but not limited to this registration form is expressly provided on the undersigned consent, on the understanding that such information will only be internally used in the administration and management of the Niagara Falls Girls Hockey Association.

I understand the NFGHA will be enforcing a rule making the wearing of mouth guards mandatory for all players. This includes both games and practices. Players will not be allowed on the ice without a mouth guard. Please initial _____

This is a two sided or two page form.....

Please provide your email address on the registration form to facilitate communications. Email addresses will be used solely for NFGHA communications from NFGHA as a whole, or your player's Coach.

REGISTRATION POLICY:

- No post dated cheques accepted except those dated for May 12, 2009 - Early registration
- NSF cheques must be repaid in cash immediately upon notification, plus an administration fee of \$25.00. If the full payment is not received, the player will be considered unregistered and ineligible for further NFGHA participation. The team coach may be notified the player is no longer allowed on the ice until further notice.
- A copy of a Birth Certificate is required for ALL NEW PLAYERS.
- A "Release" is required for any player last registered with a team outside NFGHA under the OWHA (Ontario Women's Hockey Association).
- The NFGHA Refund policy is available on our website www.nfga.com

All players must register in their own age division. If you wish to play with a team above your age group, this form **MUST** be accompanied with a letter signed by a parent or guardian stating why you are requesting to play in an age division other than your own. **The NFGHA has the right to refuse any movement after review.**

A discount will be granted for

- Three or more children from one family are registered. (\$25.00 per family)
- Registrations received prior to May 12, 2009, (\$50.00 as on page 1)

NOTES OF EXPLANATION:

NFGHA will endeavour to offer skills clinics from time to time at a nominal additional fee.

The wearing of mouth guards will be mandatory for all players registered with NFGHA in the 2009-2010 season for all on-ice activities. The wearing of a mouth guard has been proven to reduce the severity of concussions and safety must be our priority

Note: A one time **\$45 try out fee** will be collected prior to player try outs. Each player is guaranteed to be offered 3 on ice try outs with this fee. There is no "single time" try out fee. **There will be no charge for atom tryouts in 2009-10.**

After try outs, registration **MUST** be paid in full before player will be allowed to participate further with the team.

Should a player not be selected for a Niagara Rapids Travel team, the Association will reimburse the complete registration fee or the difference between the House League and Travel Fee. Please submit a "request for refund form" to help speed up processing.

Additional tournament registrations, dry land training, off-ice clothing and other team fees are in addition to registration. Teams may choose to fund-raise or simply collect these additional fees.

Parent/Guardian Signature: _____ Print: _____ Date: _____

Registration forms & cheques can be mailed to:

NFGHA, PO Box 454, 4500 Queen St., Niagara Falls, ON, L2E 6V2