



# 2020-2021 WDMHA Registration

Junior Division	Age as of Dec 31 <sup>st</sup> 2021	Yr Born	Rates		
U7 Rec	5/6	2016-2015	Rate \$425.00	After July 1 \$525.00	½ off for 1 <sup>st</sup> time player \$212.50
U9 Rec	7/8	2014-2013	Rate \$525.00	After July 1 \$625.00	½ off for 1 <sup>st</sup> time player \$262.50
U11 Rec & Dev	9/10/11	2012-2011	Rate \$625.00	After July 1 \$725.00	U11 Dev tryout fee \$125.00

U11 Dev Fees - \$250.00 Due upon team selection  
 Dryland Fees - as applicable for paid Dryland training

Senior Division	Age as of Dec 31 <sup>st</sup> 2021	Yr Born			Rep Tryout Fee
U13 Rec & T3 Rep	11 / 12	2010-2009	Rate \$625.00	After July 1 \$725.00	\$125.00
U15 Rec & T3 Rep	13 / 14	2008-2007	Rate \$650.00	After July 1 \$750.00	\$125.00
U18 Rec & T3 Rep	15 / 16 / 17	2006/05/04	Rate \$525.00	After July 1 \$625.00	\$125.00

Senior Rep Fees - \$325.00 for U13 T3 & U15 T3 teams, \$450.00 for U18 T3. Due upon team selection.

Coaching Fee - as applicable for paid Coaches

Dryland Fee - as applicable for paid Dryland

Family Discount (taken off oldest siblings registration) 2 players \$30.00, 3 players \$90.00 4 players \$150.00

All new members must provide a copy of your child's Birth Certificate and proof of local residency. You will also need to complete an Omaha Move With Parent form if you are coming from another association. Transfers can take up to two weeks to process, no participation will be allowed until all documentation is received, and the transfer has been completed.

Cheques: FULL amount: Date Cheque Aug 1 2021

ALL cheques Payable to WDMHA

Credit Card: Complete form below and sign. Credit cards are ONE payment only, & will be processed August 1, 2021

<b>PLAYER</b> Last Name		<b>PLAYER</b> First Name		<b>PLAYER</b> Division	
Credit card transactions cannot be processed without an email address, please provide, a secure receipt will be sent			Email – must be legible please		
Visa #		Master Card #		Card Holder Name	
Card Holder Signature				FULL AMT. \$	Expiry ____ / ____
x By signing above, I hereby authorize Winfield Minor Hockey Association to process credit card payments for the dates and amounts indicated, or the Full amount listed above.					
Processing Date: Aug 1, 2021					



# 2020-2021 WDMHA Registration

U18 \_\_\_\_\_ U15 \_\_\_\_\_ U13 \_\_\_\_\_ U11 \_\_\_\_\_ U9 \_\_\_\_\_ U7 \_\_\_\_\_

### Player information – please print

Last Name	First Name	Initial	Gender (Circle) M    F
Street Address / Mailing Address	City	Postal Code	
Birth Date (Day/Month/Year)	Phone	BC Care Card #	
Player Position			

### Parent/Guardian information – please print

Father's Last Name	First Name	Email – Confirmation Sent Via Email Please Provide
Phone # If Different	Cell #	Work
Mother's Last Name	First Name	Email - Confirmation Sent Via Email Please Provide
Phone # If Different	Cell #	Work
Emergency Contact (if unable to contact Parents)	Phone #	Cell #

**Waiver -** We hereby acknowledge the authority of the CHA, BCAHA, OMAHA and the WINFIELD & DISTRICT MINOR HOCKEY ASSOCIATION (WDMHA) and agree to carry out and abide by the CONSTITUTION, BYLAWS, RULES and REGULATIONS of those associations.

**Equipment –**We, at the end of the season covered by this registration, agree to return all equipment provided by WDMHA in good condition and should we fail to do so we agree to reimburse WDMHA for the replacement cost of same.

**Release –** In consideration of this applicant to play under the auspices of the WDMHA, I do hereby for myself, heirs, executors, administrators And assigns; remise release and forever discharge the CHA, BCAHA, OMAHA, the WDMHA, it's officers or anyone acting on their behalf from all manner of litigation, damage claims, or demands in law or equity which I may have or acquire by reason of personal injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of the WDMHA.

**I AM THE PARENT OR LEGAL GUARDIAN OF THE INDIVIDUAL NAMED ON THIS FORM, AND HAVE READ THE WAIVER ON THIS PAGE AND AGREE TO ALL THE STATED CONDITIONS.**

Date:	Parent/Legal Guardian X
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**Mail to: Member Registration - PO Box 41010 RPO South Lake Country BC V4V 1Z7**

**Office: Open Wednesdays from 1:00-4:30 or leave in the mail slot**

**CHECK LIST:** -

Complete **Registration with Payments** (this includes Post dated items)

Complete **Code of Conduct Form** (All Players & both Parents)

Transferring Members must also complete a **Move With Parent form** available on the District website

[www.omahahockey.ca](http://www.omahahockey.ca)

**\*To secure your registration, all payments and paperwork must be complete.**



## BC Hockey Code of Conduct

As a BC Hockey player, coach, official, volunteer or parent of any of the previous; I, \_\_\_\_\_ shall adhere to the B.C. Hockey Code of Conduct set out below. I understand that failure to adhere to this code may bring disciplinary actions.

1. Treat everyone fairly within the context of their activity, regardless of gender, place of origin, colour, sexual orientation, religion, political belief or economic status.
2. Abide by the BC Hockey Harassment and Abuse Policy (5.16)
3. Refrain from the public criticism of fellow members be they volunteers, athletes, coaches, or officials.
4. Respect the dignity of others and refrain from verbal or physical behaviours that constitute harassment or abuse.
5. Refrain from the use of profane, insulting, harassing or otherwise offensive language in my participation in any BC Hockey event.
6. Direct any comments or criticism at the performance rather than the person.
7. Take the initiative to learn, respect, communicate and adhere to the rules and regulations for the sport and the spirit of such rules, while encouraging other participants to do the same.
8. Abstain from the use of non-prescription drugs, tobacco products (or vapes) and from the drinking of alcoholic beverages in the discharging of BC Hockey duties and responsibilities.
9. Discourage the use of non-prescription drugs and alcoholic beverages or the use of tobacco products in conjunction with athletic events or celebrations.
10. At no time request, participate in or give into requests for sexual favours within any aspect of the game and immediately report such instances to the appropriate body
11. Communicate and cooperate with registered medical practitioners in the diagnoses, treatment and management of medical problems. Respect the concerns these medical personnel have when they are considering the future health and well-being of all participants and when making decisions regarding the ability to continue to perform or train.
12. Follow the annual training, competitive programs and rules of conduct as mutually agreed upon by Coaches and Athletes, while recognizing the responsibilities of the Athletes to adhere to and complete.
13. Participate in team training, practice and testing and satisfy all team program testing objectives. 14. Provide Coaches or supervisors with the results of training to enable them to monitor and assess improvement in performance.

Addendum for coaches, officials, volunteers and all other non-playing participants.

15. Regularly seek ways to increase my professional development and self-awareness.
16. In the case of minors, communicate and cooperate with the parent(s) or legal guardian(s), involving them in decisions pertaining to their child's development
17. Ensure that the activity being undertaken by members and participants is suitable to the age, experience, ability and fitness level of the individual and are conducted in a safe environment.
18. Be aware of and respect the pressures that may be placed on all participants as they strive to balance the physical, mental, emotional and spiritual aspects of their life. Conduct practices and participation in competition in a manner so as to allow success in all areas of their lives.
19. Consider the athletes' future health and well-being when making decisions regarding an injured player's ability to continue playing or training.

Player Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_



## MOVE WITH PARENT APPLICATION FORM

This form is a required document for all Minor Hockey Players who are registering with a different Association than the Association they were previously registered with.

### PLAYER INFORMATION

NAME: _____	BIRTH DATE: _____ (month/day/year)
Player's New Address: _____ (Street Address)	City: _____
Postal Code: _____	Telephone Number: _____
Date of Occupancy: _____	Citizenship: _____
Former Address: _____ (Street Address and City)	
Player's New Association: _____	
New Team Division & Category: _____	
Player's Former Association: _____	
Previous 3 Years Playing History: 1. _____	
2. _____	
3. _____	

**This form must be uploaded to the HCR transfer request by the New Association with the following documentation proving new residency:**

1. Purchase, Lease or Tenancy agreement
2. Utility bill showing Parent(s) name and new address
3. Driver's License showing Parent(s) name and new address
4. Canada Post change of address

**There is to be no participation until the transfer has been approved by OMAHA and BC Hockey**

**PARENT DECLARATION:** The undersigned hereby declares that all above information is true and correct, are aware of the rules and regulations regarding eligibility for minor hockey programs in the OMAHA, BC Hockey and Hockey Canada, is aware that these regulations are available upon his/her request and recognize that the falsification of any registration document will result in the suspension of the above player and of any team officials involved.

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

