



**Shuswap Ringette Association  
Registration  
2011/2012**



Player Last Name		Player First Name	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth Day/Month/Year	
Parent/Guardian Last Name		BC Care Card Number	
Parent/Guardian First Name		Parent/Guardian Last Name	
Street Address		City, Province, Postal Code	
Home Phone	Cell Phone	Work Phone	
Parent/Guardian Email	Player Email		
Does your child have any health challenges or special conditions? If so, briefly explain.			

**The following information is needed to accurately register your child:**

The previous year's played at each division (i.e. U9-2 years U10-1 year):

U9(Bunnies)\_\_\_\_ U10(Novice) \_\_\_\_ U12(Petite)\_\_\_\_ U14(Tween)\_\_\_\_ U16(Juniors)\_\_\_\_ U19(Belle) \_\_\_\_

Last season did you play in any of the following?

Event	No	Yes	Which Division	Where did you place?
ie. BCRA Provincials		✓	Tween A	Second
BCRA Provincials				
BCRA AA Provincials				
Westerns (WCRC)				
BC Winter Games (BCWG)				
Hockey A or AA				

**For the playing season of 2011/2012 indicate which division you would like to play for, age as of December 31, 2011.**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> U9 (2004/2005/2006) | <input type="checkbox"/> U10 (2002/2003)      | <input type="checkbox"/> U12 (2000/2001)  | <input type="checkbox"/> U14 (1998/1999) |
| <input type="checkbox"/> U16 (1996/1997)     | <input type="checkbox"/> U19 (1993/1994/1995) | <input type="checkbox"/> Affiliate Player | <input type="checkbox"/> Open            |

Division	Player Fee if Paid Before June 30th	Player Fee if Paid After July 1st	Fee Paid
U9	\$180	\$230	
All Other Divisions	\$305	\$355	
New Player Fee-U9	\$180	\$180	
New Player Fee-All Other Divisions	\$305	\$305	
Family discount (First registered player pays full amount, additional family members of same household apply discount)	\$25 discount	\$25 discount	
Affiliate Player	\$125	\$125	
		<b>Total Payable</b>	

**All fees are subject to the SRA Refund Policy**

- I have applied for Kidsport, a copy of my form is attached
- I am using the Payment Plan Option, see website for details
- First time player, attach copy of Birth Certificate

**Cheques payable to  
Shuswap Ringette  
Association**

Both sides of this form must be completed

**VOLUNTEER PROGRAMS**

Every team in the Shuswap Ringette Association (SRA) is in need of volunteers to help make Ringette a positive experience for the players. If you would like to have fun, meet new people and get involved in a great sport with your child, it's easy! Shuswap Ringette may pay for certain coaching certification and training programs. Please see our website at [www.shsuwapringette.ca](http://www.shsuwapringette.ca) to learn about how you can volunteer for Head Coach, Assistant Coach, Team Manager, Trainer, Pub Night, Team Volunteer, Parade, Banquet/AGM, Come-Try-Ringette, Playdays, Board of Directors, Food/Toy Drive Skate, Mentorship Program (U14 and older), Referees Program, if you are 13 years of age or older, interested in earning extra money and can commit to a training session of five hours.

**RELEASE OF LIABILITY AND WAIVER OF CLAIMS  
PLEASE READ CAREFULLY**

*I am aware that the playing of RINGETTE involves many risks, dangers and hazards and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury or loss resulting there from. In consideration of the British Columbia Ringette Association (BCRA) and the Shuswap Ringette Association (SRA) accepting this application for membership in BCRA and SRA, upon payment of the registration fee, the undersigned releases, waives and forever discharges BCRA and all of its member associations (the "Associations"), together with their respective officers, directors, members, agents, officials, servants and representatives from and against all claims, actions, causes of actions, damages, costs, expenses and demands, however caused, arising out of, relating to or in any way connected with any activity of the Associations, including but not limited to the playing of Ringette, whether on or off the ice, or whether caused by negligence of any of the releasees. This release and discharge covers and is binding upon the undersigned and, if the applicant is a child, the applicant's parent(s) or guardian(s), and their respective heirs, executors and assigns.*

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST RELEASEES.**

Parent/Guardian Signature	Date
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**IMPORANT REGISTRATION DATES**

- April 1** Player Registration Opens for current playing season.
- June 30** Early Registration Discount. Save \$50 off your player registration fee if your registration application and payment in full or accompanied by post-dated cheques as per the Installment - Payment Plan Policy is received by SRA prior to 4:00 PM on this date.
- August 31** Critical registration deadline for determining if, and how many, SRA teams will have for the season. If you are interested in your child playing on a team, you are strongly encouraged to have your player registration application in prior to this date. If not enough registration numbers are received by this date, some divisions may be cancelled or combined for the season.
- September 1** Players registering after this date, with the exception of U9, will either: a) be placed on a team within their age division; or b) put on a waiting list and registered on a first-come, first-served basis.
- December 1** Registration Closed. As per BCRA Policy. No players will be accepted or added after this date. If your registration application is still on a waiting list, your registration will be cancelled, and your payments refunded or returned.

**Form and fees must be received by the Registrar prior to the first practice. Completed Registration Form and Payment(s) can either be mailed to the address provided below or placed in the Ringette Drop Box located at the Sunwave Centre.**

Mail to:  
Shuswap Ringette Association  
Attention: Registrar  
Box 866  
Salmon Arm, B.C. V1E 4N9

<b>REGISTRAR USE ONLY</b>	
Date Received: _____ Amount Paid \$ _____ <input type="checkbox"/> Family Discount Applied <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Payment Plan Chq#1 _____ Chq#2 _____ Chq#3 _____	<input type="checkbox"/> Birth Certificate Received <input type="checkbox"/> Entered in Karelo # _____ <input type="checkbox"/> Tax Receipt Issued <p align="center"><u>Kidsport:</u></p> <input type="checkbox"/> Application Received <input type="checkbox"/> Payment Received Date: _____ <input type="checkbox"/> Cheque # _____