

**Shuswap Ringette Association
Registration
2010/1011**



| | | | |
|-------------------------------------------------------------------|------------|------------------------------|--|
| 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 First 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? | | | |

For tiring purposes, the following information is needed:

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) ____

Did you play in last year's BCRA Provincials:

No Yes If yes, Which Division _____ Where did your team place _____

For the playing season of 2010/2011 indicate which division you would like to play for, age as of Dec 31, 2010.

- | | | | |
|----------------------------------------------|-----------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> U9 (2003/2004/2005) | <input type="checkbox"/> U10 (2001/2002) | <input type="checkbox"/> U12 (1999/2000) | <input type="checkbox"/> U14 (1997/1998) |
| <input type="checkbox"/> U16 (1995/1996) | <input type="checkbox"/> U19 (1992/1993/1994) | <input type="checkbox"/> Affiliate Player | <input type="checkbox"/> Open |

| Division | *Player Fee | Fee Paid (Cheques payable to Shuswap Ringette Association) |
|------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------|
| U9 | \$230 | |
| All Other Divisions | \$355 | |
| New Player Fee-U9 | \$180 | |
| New Player Fee-All Other Divisions | \$305 | |
| Family discount (First registered player pays full amount, additional family members of same household apply discount) | \$25 discount | |
| Affiliate Player | \$170 | |
| *Player fee includes membership fee | | |
| Total Payable | | |

All fees are subject to the SRA Refund Policy

I have applied for Kidsport, a copy of my form is attached

Both sides of this form must be completed

VOLUNTEER PROGRAMS

Shuswap Ringette Association (SRA) is always in need of volunteers to help make ringette a positive experience for our players. If you would like to have fun, meet new people and get involved in a great sport, it's easy! Shuswap Ringette may pay for certain coaching certification and training programs. Please indicate below if you would be interested in receiving information on any of the following positions:

- Head Coach Assistant Coach Team Manager Trainer (First Aid Required) Pub Night
 Team Volunteer Parade Banquet/AGM Come-Try-Ringette Playdays
 Board Involvement Food/Toy Drive Skate Mentorship Program (U14 and older)
 Referees Program - I am 13 years of age or older, interested in earning extra money and I can commit to a training session of five hours, please call me at _____.

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

Completed registration form and fees must be submitted to the Registrar prior to the first practice:

Registrar
Shuswap Ringette Association
Box 866
Salmon Arm, B.C.
V1E 4N9

| REGISTRAR USE ONLY | TEAM MANAGER USE ONLY |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Date Received: _____ | <input type="checkbox"/> Health Card |
| Amount Paid \$ _____ | <input type="checkbox"/> Player <input type="checkbox"/> Parent Code of Conduct |
| <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Post Dated | <input type="checkbox"/> Media Release |
| <input type="checkbox"/> Family Discount Applied | <input type="checkbox"/> Team Jersey Form |
| <input type="checkbox"/> Kidsport Applied, forms attached | <input type="checkbox"/> Tax Receipt given to Parent |
| <input type="checkbox"/> Entered in Karelo # _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tax Receipt Issued | <input type="checkbox"/> Other _____ |