



# Woolwich Girls Minor Hockey Association

Woolwich Memorial Centre Office # 3

## Player Registration for 2010-2011

**Players Name:** \_\_\_\_\_  
 Surname First Month Day Year  
 Date of Birth

**Home Address:** \_\_\_\_\_  
 Street Number & Name Apartment  
 \_\_\_\_\_  
 City or Town Postal Code

**Phone Numbers:** \_\_\_\_\_  
 Home Work or Other - Please Specify (Emergency Usage)

**E-mail (s):** \_\_\_\_\_

**Parents or Guardian Name:** \_\_\_\_\_

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 Please check over the above information and indicate if there are any changes to the information on this page and make the necessary changes. (circle yes or no) **Yes / No**  
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**Circle One**

Are you a New Registrant to WGMHA? (birth cert must be attached)..... **Yes** **No** ✓

Do you intend to try out for one of our Representative Teams?..... **Yes** **No**

Is this player's principle residence in Woolwich Township?..... **Yes** **No**

Are you interested in playing in Goal? (Supply of, or help with the supply of, goalie equipment is available)..... **Yes** **No**

**Non Woolwich Residence will be charged an additional fee of \$50 and will be put on a waiting list, as space on some teams may be limited.**

Representative players must pay a Rep Fee in addition to the regular registration fee.

**\*\* Make Cheques payable to "Woolwich Girls Minor Hockey Association or WGMHA"**

Cheques can be Post Dated no later than **August 01,2010**

**Late Registration Fee of \$50 will apply to registrations received after May 31, 2010**

**Whose name should appear on the Tax receipt?** \_\_\_\_\_

Player must be registered prior to receiving a permission to skate form for tryouts in another centre.

Forms can be obtained by contacting the registrar Jay Church

A refund will be given once notified your child has made a team in another centre, less applicable fees

Please snail mail or e-mail completed registration to:

**Jay Church Home # 519-699-9309**

If you have any questions, please contact:

**P.O. Box 355, Heidelberg On, N0B 1Y0**

[registrar@woolwichwild.com](mailto:registrar@woolwichwild.com)

**Our Organization is run by volunteers. If you are able to help out in any capacity, please indicate below. Forms can be obtained from Jay Church**

**Executive Member** \_\_\_\_\_

**Fundraising** \_\_\_\_\_

**Team/Sweater Sponsor** \_\_\_\_\_

**Tournament Committee** \_\_\_\_\_

<u>WGMHA Use Only:</u>		Release Required? _____	
Payment Method _____		Proof of age received? _____ (Birth Certificate)	
Payment Amount		\$0	\$0
Level of Play		\$0	\$0
2nd year			3rd year
1st year			
1st year		2nd year	
			3rd year