

**Competitive Level:**

*Tournament Fees, Power Skating, Extra Practices, and Wardrobe Expectations are paid for separately by the Parent / Participant and are not part of the registration fee.*

- A = **Advanced players** (very competitive, extra practices, wardrobe expectations and considerably more money than basic registration fee)
- B = **Second year +** (competitive, extra parent paid practices, 3 to 5 tournaments, power skating expected) (there are Major and Minor levels within B)
- C = **First year +** (less competitive may have up to 3 tournaments, power skating encouraged)  
Under 8— Bunnies (Major and Minor)

Players under 8 who are first year players and non skaters are in U-8 minor

Players under 8 who are 2nd, 3rd, or 4th year players are in U-8 major (3rd and 4th year players may wish to move up to U-10, as there may not be enough U-8 major players to field a team)

**Age as of December 31, 2009**

Age Range (U = Under)	Former Name	Registration Fees AGM	Registration Fees After AGM	After September 15 <sup>th</sup> , 2009
<b>U 8</b>	<b>Bunny</b>	295.00	345.00	370.00
<b>U 10</b>	<b>Novice</b>	425.00	475.00	500.00
<b>U 12</b>	<b>Petite</b>	425.00	475.00	500.00
<b>U 14</b>	<b>Tween</b>	425.00	475.00	500.00
<b>U 16</b>	<b>Junior</b>	425.00	475.00	500.00
<b>U 18</b>	<b>Belle</b>	425.00	475.00	500.00
<b>19 +</b>	<b>Open</b>	425.00	475.00	500.00
<b>Ladies Recreation</b>		335.00	385.00	400.00

*Optional Payment Plan: 3 equal payments dated June 1st, July 1st, August 1st or September 1st.*

**Multiple Player Family Discounts:**

Number of Players in Family	At Any Payment Time
1 <sup>st</sup> and only player	Amount indicated above
2 <sup>nd</sup> player	10% off lowest fee between 2 players
3 <sup>rd</sup> player	25% off lowest fee between the 3 players. 10% off the 2 <sup>nd</sup> lowest fee.
Introductory Rate: (not applicable for other discounts)	AGM price before September 30, 2009

**Office Use Only:**

Multi player discount: Y / N Indicate which level (intro, 2 or 3 players) = \_\_\_\_\_

**Payment Plan:**

01/06/09 Chq# \_\_\_\_\_ Amt: \_\_\_\_\_ 01/08/09 Chq# \_\_\_\_\_ Amt: \_\_\_\_\_

01/07/09 Chq# \_\_\_\_\_ Amt: \_\_\_\_\_ 01/09/09 Chq# \_\_\_\_\_ Amt: \_\_\_\_\_

*(Please indicate chq #'s, amounts and dates)*

Player 2 (name, level, and amount) \_\_\_\_\_

Player 3 (name, level and amount) \_\_\_\_\_

Registration Taken by: \_\_\_\_\_ Date: \_\_\_\_\_



**2009 – 2010  
NDRA Registration Form**

<b>Office Use Only:</b> Level: _____		
Date Received: _____		
Payment Plan: _____		
Chq# _____	Amt _____	Date: _____
Chq # _____	Amt _____	Date: _____
Chq# _____	Amt: _____	Date: _____

<b>Player Name:</b> _____ <i>Please Print</i>		<b>D.O. B.</b> _____ DD/MM/YYYY
<b>Address:</b> _____		
<b>Town:</b> _____	<b>Postal Code:</b> _____	
<b>Phone Numbers: HOME:</b> _____	<b>Mother Cell:</b> _____	
<b>Father Cell:</b> _____	<b>Alternate Contact:</b> _____	
<b>Contact Email:</b> _____ <i>(Please print carefully)</i>		
<b>Heath Information: Allergies and / or Asthma: (please indicate severity):</b> _____		
<b>Medication:</b> _____ <i>(list only if Coaching Staff would be required to know)</i>		
<b>Parent Information: (adult players can provide emergency contact information)</b>		
<b>Mother Name:</b> _____		<b>Hm Ph #</b> _____
<b>Address: Same as Above</b> <input type="checkbox"/> <b>or:</b> _____		
<b>Father Name:</b> _____		<b>Hm Ph #</b> _____
<b>Address: Same as Above</b> <input type="checkbox"/> <b>or:</b> _____		
<b>Skating Level:</b> LTS ____ (yrs) Ringette ____ (yrs) Hockey ____ (yrs) Figure Skating ____ (yrs)		
<b>If this is the first year in Ringette how did you hear about us (Referral):</b> _____		
<b>Competitive Level</b> (see next page for explanation) <b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/>		
<b>U- 8</b> (Bunny) <input type="checkbox"/> <b>U-10</b> (Novice) <input type="checkbox"/> <b>U-12</b> (Petite) <input type="checkbox"/> <b>U-14</b> (Tween) <input type="checkbox"/> <b>U-16</b> (Junior) <input type="checkbox"/> <b>U-19</b> (Belle) <input type="checkbox"/> <b>Open</b> (19 +) <input type="checkbox"/> <b>Ladies Rec</b> <input type="checkbox"/>		
<b>Volunteer Interest:</b> <i>As a not-for-profit organization we are always in need of volunteers to assist in various capacities.</i>		
Executive <input type="checkbox"/> Coaching <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Trainer <input type="checkbox"/> Manager <input type="checkbox"/> Dance Committee <input type="checkbox"/> Tournament Committee <input type="checkbox"/>		
Score Keeper / Game Clock / Shot Clock <input type="checkbox"/>		
<i>Would you or your employer be interested in Sponsoring a Team (\$ 400.00 1/2 jersey, \$750.00 for full jersey tax deductible)</i>		
Y <input type="checkbox"/> / N <input type="checkbox"/>		
<b>General Information:</b>		<b>Mail Form &amp; Registration Fee to:</b>
<ul style="list-style-type: none"> <li>Teams are capped at 16 players</li> <li>Waiting lists will then be kept</li> <li>Players with outstanding fees will not be permitted on the ice</li> <li>Please provide proof of age for all new players</li> <li>\$100 non-refundable administration fee on all registrations once the season commences (September 30, 2009)</li> <li>Absolutely no refunds after November 30, 2009</li> <li>\$25 NSF administrative fee for NSF cheques</li> </ul>		<b>Newmarket Ringette Association Inc., 1111 Davis Drive, Suite #1-125, Newmarket, Ontario, L3Y 9E5</b>
<b>INDEMNITY AND AUTHORIZATION</b>		
<p>In consideration of the Town of Newmarket and the Newmarket Ringette Association Inc. permitting my/our child to participate in Ringette, I/we hereby promise to indemnify and save harmless, the Town of Newmarket, it's council and all employees and servants, and the Newmarket Ringette Association Inc. and all members, from and against all claims, demands, actions and proceedings by whomsoever brought in respect of any costs, expenses, loss, damage, or injury, including death, arising by reason of or in connection with my/our child's participation in the said activities, and hereby release and forever discharge the Town of Newmarket, it's council, and all employees and servants, and the Newmarket Ringette Association Inc. and it's members from and against all claims or demands whatsoever which we, our child or his/her heirs, executors, administrators, or assigns can share or may have by reason of my/our participation in such activities, or by reason of the provision of medical care to me/him/her. In the event where I/we are unavailable at the arena, or unable to grant my/our permission, I/we hereby grant my/our permission of the above named person to receive medical treatment, as deemed necessary on that occasion. I/We accept full responsibility for all costs incurred to obtain this medical treatment. <b>I/We accept and understand that there is a \$100.00 non-refundable administration fee on all Registrations, once the season commences.</b> I/We hereby agree to allow my/our child's name and/or picture to be used for promotional purposes only. I/We the parent(s) or legal guardian of the person indicated above hereby certify that we have read the above and agree to the terms and conditions as stated.</p>		
<b>Parent Signature:</b> _____		<b>Date:</b> _____