

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 U08 minor
 Players under 8 who are 2nd, 3rd, or 4th year players are in U08 major (3rd and 4th year players may have the opportunity to play at the U10, as there may not be enough U08 major players to field a team)

Age as of December 31, 2010

Age Range (U = Under	Introductory Rate	AGM Rate	After AGM
U08 (Bunny)	295.00	295.00	370.00
U10 (Novice)	450.00	450.00	500.00
U12 (Petite)	450.00	450.00	500.00
U14 (Tween)	450.00	450.00	500.00
U16 (Junior)	450.00	450.00	500.00
U18 (Belle)	450.00	450.00	500.00
19 + (Open)	450.00	450.00	500.00
Ladies Rec.	335.00	335.00	400.00

**** A \$25 Non-Resident Fee will be applied to families living outside of Newmarket****
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 st and only player	Amount indicated above
Multi Player Discount	10% off the lowest fees for any additional players
Introductory Rate: (not applicable for other discounts)	AGM price before September 30, 2010 – New Registrations Only

Office Use Only:

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

Payment Plan:

01/06/10 Chq# _____ Amt: _____ 01/08/10 Chq# _____ Amt: _____

01/07/10 Chq# _____ Amt: _____ 01/09/10 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: _____



2010 – 2011 NDRA Registration Form

Office Use Only: Level: _____		
Date Received: _____		
Payment Plan: _____		
Chq# _____	Amt _____	Date: _____
Chq # _____	Amt _____	Date: _____
Chq# _____	Amt: _____	Date: _____
Cash: _____	Amt: _____	
Non-Resident _____		

Player Name: _____ <i>Please Print</i>		D.O. B. _____ DD/MM/YYYY
Address: _____		
Town: _____	Postal Code: _____	
Phone Numbers: HOME: _____	Mother Cell: _____	
Father Cell: _____	Alternate Contact: _____	
Contact Email: _____ <i>(Please print carefully)</i>		
Health Information: Allergies and / or Asthma: (please indicate severity): _____		
Medication: _____ <i>(list only if Coaching Staff would be required to know)</i>		
Parent Information: (adult players can provide emergency contact information)		
Mother Name: _____		Hm Ph # _____
Address: Same as Above <input type="checkbox"/> or: _____		
Father Name: _____		Hm Ph # _____
Address: Same as Above <input type="checkbox"/> or: _____		
Skating Level: LTS ____ (yrs) Ringette ____ (yrs) Hockey ____ (yrs) Figure Skating ____ (yrs)		
If this is the first year in Ringette how did you hear about us (Referral): _____		
Competitive Level <i>(see next page for explanation)</i> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		
U- 8 (Bunny) <input type="checkbox"/> U-10 (Novice) <input type="checkbox"/> U-12 (Petite) <input type="checkbox"/> U-14 (Tween) <input type="checkbox"/> U-16 (Junior) <input type="checkbox"/> U-19 (Belle) <input type="checkbox"/> Open (19 +) <input type="checkbox"/> Ladies Rec <input type="checkbox"/>		
Volunteer Interest: <i>As a not-for-profit organization we are always in need of volunteers to assist in various capacities.</i>		
Board <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, \$600.00 for full jersey tax deductible)</i>		
Y <input type="checkbox"/> / N <input type="checkbox"/>		
General Information:		Mail Form & Registration Fee to:
<ul style="list-style-type: none"> Teams are capped at 16 players Waiting lists will then be kept Players with outstanding fees will not be permitted on the ice Please provide proof of age for all new players \$100 non-refundable administration fee on all registrations once the season commences (September 30, 2010) Absolutely no refunds after November 30, 2010 \$25 NSF administrative fee for NSF cheques 		Newmarket Ringette Association Inc., 1111 Davis Drive, Suite #1-125, Newmarket, Ontario, L3Y 9E5
INDEMNITY AND AUTHORIZATION		
<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. I/We accept and understand that there is a \$100.00 non-refundable administration fee on all Registrations, once the season commences. 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>		
Parent Signature: _____		Date: _____