

HOUSE LEAGUE REGISTRATION FORM 2023-24

RETURNING CUSTOMER

RETURNING PLAYER:	NEW TO RHHA:	NEVER PLAYED:			
A. PLAYER INFORMATION					
PLAYERS	LAST NAME	PLAYERS FIRST NAME			
ADDRESS					
MOVE IN YEAR () IDENTIFY AS INDIGENOUS GENDER(Male, Female or Other)	CITIZENSHIP ETHNICITY	BIRTH COUNTRY PRIMARY LANGUAGE			
BIRTHDATE MONTH	DAY YEAR	HOME PHONE			
REGISTRANT IS:	PLAYER:	GOALIE:			
LAST SEASON REGISTRANT WAS	:				
HOUSE LEAGUE	LOCAL LEAGUE	SELECT REP(A,AA,AE,AAA)			
If player was with another hockey associ	ation last season please name:				
B. PROGRAM SELECTION					
2018-19 (U6) 2017 (U7)	2016 (U8)	2015 (U9) 2013-14 (U11)			
2011-12 (U13) 2009-10	(U15) 2008 (U16)	2006-2007 (U18)			
C. PARENT/GUARDIAN INFOR	MATION				
PARENT/GUARDIAN (1)					
	LAST NAME	FIRST NAME			
CELL#	EMAIL ADDRESS				
PARENT/GUARDIAN (2)					
	LAST NAME	FIRST NAME			
CELL#	EMAIL ADDRESS				
Nould you be interested in volunteering for either of the following? COACH ASST COACH					

D. REGISTRATION PAYMENT							
FEE SCHEDULE UNTIL APRIL 14, 2023		U8-U15 \$705.00		U16-U21 \$545.00		IP PROGE \$690.00	RAM U5-U7
PAYMENT TYPE	сс		DEBIT		CERTIFIED	CHEQUE	
CREDIT CARD PAYME	NTS:		VISA		MC		
EXACT NAME ON CC:	-						
CREDIT CARD NUMBE	R:					MTH YR	SECURITY#
DATE PAYMENT ACCE	PTED:			_		IVIIII IK	SECORITI#
AMOUNT RECEIVED:	\$			_			
E. RICHMONDHILL HO	CKEY ASSO	CIATION TE	RMS AND C	ONDITIONS			
1. No player under the age of eighteen (18) may be registered without his/her parent or guardians consent. 2. No player will be allowed to play without being properly registered. 3. House league and local league teams may have more than 1 goalie per team. 4. All parents who have players registered to ORD local league program agree to abide by the Simcoe Region Local League (SRLL) policies and procedures. To view SRLL policies and reules go to : sril.ca 5. In order to be compliant with the SRLL balancing rules RHHA and/or ORD reserves the right to move local league players to ensure a balanced division. In extreme cases balancing can be done as late as December. In cases of disputes, a pro-rated refund wil be available in conjunction with our Refund Policy (below) 6. R.H.H.A. reserves the right to move house league players in order to provide a fair and balanced house league program. In cases of disputes, a pro-rated refund will be available in conjunction with our Refund Policy (below) 7. Enrolment is limited. ALL REGISTRATIONS are based on a first come first served basis. This includes players registered in prior years. 8. R.H.H.A. and/or ORD reserves the right to add additional charges to the Local League Program based on circumstances. 9. R.H.H.A. has the right to use the likeness of all players playing with it RHHA for promotional purposes without further consent. 10. Due to the nature of the game of ice hockey and all ancillary matters related thereto, injury or death might occur. The undersigned (on behalf of him/herself, his/her heirs, excutors and assigns) hereby realeases the RHHA , including its members, directors, officers, agents and employees, as the case may be, from all such liability arising there from. 11. Due to the size of our assoication we DO NOT honour friend, team or coach requests. 12. I acknowledge RHHA has a Parent/Spectator Code of Conduct (can be found on the website) and will adhere to the policies in place. 1 also acknowledge failure to comply with the Code of Conduct can result in							
REFUND POLICIES							
10. All refunds are subject to a fee of \$150.00 from MARCH 20 until June 15 (per player) admin fee.							
11. All refunds are subject to an increase fee of \$250.00 from June 16 until August 15 (per player) admin fee.							
12. Under no circumstances will refunds be issued after October 1st of the current season.							
13. All refund requests received after August 15 are subject to approval by the Richmond Hill Hockey Association.							
14. 3rd & 4th child refunds apply only to House League and/or Local League registrants.							
15. Refund request forms can be found on our website under FORMS.							
16. Refunds will be issued only	to the orginal p	ayer of the regis	stration.				
I agree to the above terms and conditions Date:							
Print Name:			_	Signature			



RICHMOND HILL

10620, Yonge Street, Richmond Hill, ON, L4C 3C5, CA

Phone: +19057700550

Email: richmondhillstars@outlook.com

Member Profile Information		Registration Date *
First Name *	Last Name*	Primary Email *
Gender Identity * Male Female Prefer not to say Prefer to self-describe	Primary Language * © English French	Secondary Language () English () French
Date of Birth *	Citizenship *	Birth Country *
Identify as Indigenous * () Yes () No () Prefer not to say	If yes, please indicate the group * Inuit Metis North American Indian / First Nations Other Prefer not to say	
Ethnicity* O Black O Caucasian O Chinese O Other O Prefer not to say	Filipino () Indigenous () Japanese () Korean	C Latin American Southeast Asian
Address Information		
Address Type * () Resident () Billet residence		Street Number *
Address *		Country *
Rural Route / Postal Offi ce Station *		
City*	Province*	Postal Code *
Phone Number *		
Phone Type * O Home O Work O Cell Fax O	Pager () Office	Move in Year ^a
Contact Information		
Contact Type *		
○ Coach○ Mother○ Legal guard○ Father○ Grandparent○ Sister	an O Brother O Uncle O Other O Aunt O Niece O Myself	
First Name *	Last Name *	Email*
Phone Number *	Phone Type '	Emergency Contact *

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