



HOUSE LEAGUE REGISTRATION FORM 2024-25

RETURNING PLAYER:

NEW TO RHHA:

NEVER PLAYED:

A. PLAYER INFORMATION

PLAYERS LAST NAME

PLAYERS FIRST NAME

ADDRESS

STREET & NUMBER

CITY/TOWN

POSTAL CODE

MOVE IN YEAR ()

IDENTIFY AS INDIGENOUS

CITIZENSHIP

BIRTH COUNTRY

GENDER(Male, Female or Other)

ETHNICITY

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 association last season please name:

B. PROGRAM SELECTION

2015-16 (U11)

2012-13 (U13)

2010-11 (U15)

2009 (U16)

2007-2008 (U18)

C. PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN (1)

LAST NAME

FIRST NAME

CELL #

EMAIL ADDRESS

PARENT/GUARDIAN (2)

LAST NAME

FIRST NAME

CELL #

EMAIL ADDRESS

Would you be interested in volunteering for either of the following?

COACH

ASST COACH

D. REGISTRATION PAYMENT

FEE SCHEDULE	U8-U15	U16-U21	IP PROGRAM U5-U7
UNTIL JUNE 15th , 2023	\$730.00	\$560.00	\$720.00
JUNE 16TH-AUG 15TH	\$760.00	\$560.00	
AUG 16 until close	\$795.00	\$560.00	

PAYMENT TYPE CC DEBIT CERTIFIED CHEQUE

CREDIT CARD PAYMENTS: VISA MC

EXACT NAME ON CC: _____

CREDIT CARD NUMBER: _____

MTH YR SECURITY#

DATE PAYMENT ACCEPTED: _____

AMOUNT RECEIVED: \$ _____

E. RICHMONDHILL HOCKEY ASSOCIATION TERMS AND CONDITIONS

- No player under the age of eighteen (18) may be registered without his/her parent or guardians consent.
 - No player will be allowed to play without being properly registered.
 - House league and local league teams may have more than 1 goalie per team.
 - 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 : srl.ca
 - 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 will be available in conjunction with our Refund Policy (below)
 - 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)
 - Enrolment is limited. ALL REGISTRATIONS are based on a first come first served basis. This includes players registered in prior years.
 - R.H.H.A. and/or ORD reserves the right to add additional charges to the Local League Program based on circumstances.
 - R.H.H.A. has the right to use the likeness of all players playing with it RHHA for promotional purposes without further consent.
 - 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.
 - Due to the size of our assoication we DO NOT honour friend, team or coach requests.
 - I acknowledge RHHA has a Parent/Spectator Code of Conduct (can be found on the website) and will adhere to the policies in place. I also acknowledge failure to comply with the Code of Conduct can result in dismissal from our arenas and in severe cases de-registration of my child(ren)
- REFUND POLICIES**
- All refunds are subject to a fee of \$150.00 (per player) admin fee April 26- June 15
 - All refunds are subject to a fee of \$250.00 (per player) admin fee June 16- Sept 30.
 - Under no circumstances will refunds be issued after September 30 of the current season.
 - All refund requests received after August 15 are subject to approval by the Richmond Hill Hockey Association.
 - 3rd & 4th child refunds apply only to House League and/or Local League registrants.
 - Refund request forms can be found on our website under FORMS.. Refunds will be issued only to the orginal payer of the registration.

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

First Name *

Last Name *

Registration Date *

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 *

- Black
- Caucasian
- Chinese
- Filipino
- Indigenous
- Japanese
- Korean
- Latin American
- Southeast Asian
- Other
- Prefer not to say

Address Information

Address Type *

- Resident
- Billet residence

Street Number *

Address *

Country *

Rural Route / Postal Office Station *

City *

Province *

Postal Code *

Phone Number *

Phone Type *

- Home
- Work
- Cell
- Fax
- Pager
- Office

Move In Year *

Contact Information

Contact Type *

- Coach
- Mother
- Legal guardian
- Brother
- Uncle
- Other
- Father
- Grandparent
- Sister
- Aunt
- Niece
- Myself

First Name *

Last Name *

Email *

Phone Number *

Phone Type *

Emergency Contact *

- Yes
- No