

**WINTERSPORT ROYALS**  
**MINOR HOCKEY ASSOCIATION**  
**2008-2009 SEASON - MEMBERSHIP APPLICATION**



**PLAYER INFORMATION:**

PLAYER'S FULL NAME _____	BIRTH DATE _____
PLAYER'S STREET ADDRESS _____	AGE _____
PLAYER'S CITY, STATE, ZIP CODE _____	SOCIAL SECURITY NUMBER _____
HOME PHONE _____	

**PARENT INFORMATION:**

FATHER'S NAME _____	MOTHER'S NAME _____
FATHER'S STREET ADDRESS (IF DIFFERENT) _____	MOTHER'S STREET ADDRESS (IF DIFFERENT) _____
FATHER'S CITY, STATE, ZIP (IF DIFFERENT) _____	MOTHER'S CITY, STATE, ZIP (IF DIFFERENT) _____
FATHER'S HOME PHONE (IF DIFFERENT) _____	MOTHER'S HOME PHONE (IF DIFFERENT) _____
FATHER'S WORK PHONE _____	MOTHER'S WORK PHONE _____
FATHER'S EMAIL ADDRESS _____	MOTHER'S EMAIL ADDRESS _____

**INITIAL** HERE IF **YOU DO NOT WISH** YOUR HOME ADDRESS, EMAIL & PHONE NUMBERS TO BE USED BY OR INCLUDED IN ANY PUBLICATION OR DIRECTORY TO BE DISTRIBUTED BY OR ON BEHALF OF THE ROYALS

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**INITIAL** HERE IF YOU ARE THE PARENT FINANCIALLY RESPONSIBLE FOR PAYMENT OF PLAYER'S DUES

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**INITIAL** THIS BOX TO INDICATE THAT YOU UNDERSTAND THAT AS A PARENT YOU MUST ATTEND A SENSITIVITY-SPORTSMANSHIP WORKSHOP AT A SEPTEMBER TEAM MEETING IN ORDER FOR YOUR CHILD TO BE ELIGIBLE TO SKATE FOR THE ROYALS FOR THE 2008-09 SEASON

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VOLUNTEERISM IS VERY IMPORTANT IN HELPING OUR PROGRAM TO GROW AND TO RUN SMOOTHLY. WE NEED YOUR HELP IN ACHIEVING THESE GOALS. THERE IS SOMETHING FOR EVERYONE! PLEASE **CHECK** THIS BOX TO INDICATE YOUR INTEREST IN VOLUNTEERING. *YOUR EFFORT, WHETHER BIG OR SMALL, WILL BE SO GREATLY APPRECIATED!*

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**PROGRAM INFORMATION:**

**CHECK PROGRAM LEVEL**

<input type="checkbox"/> ATOM		
<input type="checkbox"/> MITE		
<input type="checkbox"/> SQUIRT		<input type="checkbox"/> SQUIRT Light Travel
<input type="checkbox"/> PEEWEE		<input type="checkbox"/> PEEWEE Light Travel
<input type="checkbox"/> BANTAM		<input type="checkbox"/> BANTAM Light Travel
<input type="checkbox"/> MIDGET	<input type="checkbox"/> U16	<input type="checkbox"/> MIDGET Light Travel
<input type="checkbox"/> MIDGET	<input type="checkbox"/> U18	

**CHECK HERE IF YOU DO NOT WANT YOUR CHILD CONSIDERED FOR THE TOP LEVEL TEAM (AAA)**

**CIRCLE** HERE IF THE CHILD IS THE 2ND, 3RD, 4TH CHILD IN THE CLUB.  
 2ND CHILD      3RD CHILD      4TH CHILD

**BACKGROUND INFORMATION:**

**IF PLAYER IS A RETURNING ROYAL:**  
 PLAYER'S LEVEL & TEAM DURING 2007-2008 \_\_\_\_\_

**POSITION: (CIRCLE ONE)**  
 SKATER  
 GOALIE

**IF PLAYER IS NEW TO THE ROYALS:**  
 PREVIOUS CLUB \_\_\_\_\_  
 LEVEL & TEAM \_\_\_\_\_

**YEARS OF EXPERIENCE:** \_\_\_\_\_

**IS THE PLAYER PRESENTLY REGISTERED WITH ANOTHER CLUB?**

(CIRCLE ONE)      YES      NO

**TRAVEL TEAMS**

(NOTE: THIS IS NOT AN ORDER FOR TRAVEL UNIFORMS, IT IS FOR PLANNING PURPOSES ONLY)

2007-2008 ROYAL SEASON NUMBER

**COST OF UNIFORM IS NOT INCLUDED IN FEES**

NUMBER REQUESTED (SPECIFY THREE)

  
  


IF THE PLAYER WILL BE ORDERING NEW JERSEYS IN THE FALL, PLEASE INDICATE THE SIZE AND TYPE YOU BELIEVE YOU WILL BE ORDERING:

**CIRCLE ONE SIZE:**

YS YM YL AS AM AL AXL AXXL

HOME: \_\_\_\_\_ CHECK HERE

AWAY: \_\_\_\_\_ CHECK HERE

NOTE: ONLY ONE PLAYER PER LEVEL WILL BE ASSIGNED A SPECIFIC NUMBER. PLAYER WITH MOST SENIORITY AT THAT LEVEL HAS THE OPTION OF RETAINING THE SAME NUMBER FROM THE PREVIOUS YEAR. A FIRST YEAR PLAYER WOULD HAVE TO CHANGE NUMBERS IN THE EVENT OF A CONFLICT.

**ATOMS**

**PLEASE CHECK ONE SIZE:**

- YOUTH SMALL
- YOUTH MEDIUM
- YOUTH LARGE
- ADULT SMALL
- ADULT MEDIUM
- ADULT LARGE
- ADULT X-LARGE

Please note: There is no number selection for Atom teams.  
Remember to purchase a larger jersey to fit over Shoulder and Elbow Pads

I/we hereby grant to the Wintersport Royals Minor Hockey Association, its agents and others working for it or on its behalf and their respective successors and affiliates (collectively, the "WRMHA") the absolute right and permission to use, through publication, broadcast, the Internet and any other means, any and all videotapes, photographs and recordings made of or including the above named applicant, and any reproductions or works derived from them, for any purpose whatsoever, including (but not by way of limitation) publication, display and exhibition thereof in promotion, advertising and trade, without any further compensation, and without any prior approval.

I/we also consent to the use by WRMHA of the name of the above named applicant in connection with the publication, display and exhibition of the videotapes, photographs, recordings, and any reproductions or works derived therefrom.

These grants and consents are deemed to be irrevocable; and I/we hereby release and discharge the WRMHA from any and all claims whatsoever, including but not limited to claims for violation of the rights of publicity and/or privacy arising out of any use, in whatsoever form embodied.

I/We hereby acknowledge that I/We have entered into a binding contract with the Wintersport Royals Minor Hockey Association. I/We will abide by published payment schedule, and understand that my child will be prevented from taking the ice in practices or games unless my financial obligation is current.

\*\*\*Any family that is delinquent will not be allowed to participate until the entire balance (past due and remaining balace) is paid in full.\*\*\*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Player

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT:**

1. MEMBERSHIP FORM (THIS FORM) SIGNED BY AT LEAST ONE PARENT OR GUARDIAN AND SKATER
2. BIRTH CERTIFICATE (STATE NOT HOSPITAL) IF YOU ARE A RETURNING ROYAL, BC MAY BE ON FILE.
3. MEDICAL HISTORY FORM/CONSENT TO TREAT
4. MEMBERSHIP AGREEMENT/WAIVER OF LIABILITY FORM
5. USA HOCKEY AND DVHL CODE OF CONDUCT
6. \$300 NON-REFUNDABLE DEPOSIT

Club/Office Use Only: Receipt of Application: Date: _____ Time: _____ Initials: _____
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