

HOUSE LEAGUE REGISTRATION 2020-2021 SEASON

BURLINGTON LIONS-OPTIMIST MINOR HOCKEY ASSOCIATION

3455 Fairview Street, Burlington, ON L7N 2R4 | 905.637.0731 | blomha.com

PLAYER INFORMATION		Birth Certificates or Passports required with Registration			
Last Name	First Name	Birthdate	Month	Day	Year
Email Address Please provide the best address to receive information from BLOMHA and coaches.					
Street Address				Year moved into this address	
City		Postal Code		Home	Cell
POSITION		HOCKEY HISTORY			
FORWARD <input type="checkbox"/>	2019-2020 House League <input type="checkbox"/> Rep MD <input type="checkbox"/> A <input type="checkbox"/> AA BLOMHA <input type="checkbox"/> Other				
DEFENSE <input type="checkbox"/>	2018-2019 House League <input type="checkbox"/> Rep MD <input type="checkbox"/> A <input type="checkbox"/> AA BLOMHA <input type="checkbox"/> Other				
GOALIE <input type="checkbox"/> All goaltenders from U11 (Atom) to U19 (High School) must attend evaluations <ul style="list-style-type: none"> • Goaltending is a declared position from U10 (Minor Atom) to U19 (High School) ONLY • Goaltending is a rotational position from U8 (Initiation 7) to U9 (Novice) • Goalie equipment is supplied for these divisions. • Depending on enrollment there may be two goalies assigned to a team. 					

PLEASE READ AND INITIAL BELOW

- A returning player to BLOMHA is not guaranteed a spot. Divisions are filled on a first-come basis according to the date payment is received. Registrations after a division is filled will be placed on a waiting list.
- BLOMHA recognizes its obligations to accommodate players pursuant to the grounds enumerated under the Ontario Human Rights Code. In the event an accommodation is required please contact the office to discuss.
- **NSF cheques carry a surcharge of \$50.** Failure to pay full/remaining registration fees immediately by cash or certified cheque will result in your child being suspended from the program until payment is received.

REFUND POLICY — Requests for refunds and withdrawal of your child from a program must be made in person at the office.

- An administration fee of \$75 is applicable to withdrawals prior to the first scheduled ice time.
- NO REFUNDS will be considered after November 15, 2020.

RESPECT IN SPORT FOR PARENTS ONLINE COURSE — Completion of this course by one parent/guardian MUST appear on your child's Hockey Canada profile prior to August 31, 2020 in order for your child to be registered on a team.

I have read and understand the above information. Please initial here

<< SPLIT PAYMENTS ONLY BEING ACCEPTED >>

First payment can be made with VISA/MasterCard, debit, cash or cheque (payable to BLOMHA). **Second payment** must be a post-dated cheque.

PROGRAM FEES Fees as of July 15, 2020			SPLIT PAYMENTS	
AGE	YEAR OF BIRTH	TOTAL FEES	DUE AT REGISTRATION	CHEQUE ONLY Dated January 15, 2021
Initiation 4/5 (U6)	2015-2016	\$570	\$285	\$285
Initiation 6 (U7)	2014	\$570	\$285	\$285
Initiation 7 (U8)	2013	\$570	\$285	\$285
Novice (U9)	2012	\$570	\$285	\$285
Minor Atom (U10)	2011	\$590	\$295	\$295
Atom (U11)	2010	\$590	\$295	\$295
Minor Peewee (U12)	2009	\$590	\$295	\$295
Peewee (U13)	2008	\$590	\$295	\$295
Minor Bantam (U14)	2007	\$650	\$325	\$325
Bantam (U15)	2006	\$650	\$325	\$325
Minor Midget (U16)	2005	\$650	\$325	\$325
High School (U19)	02/03/04	\$550	\$275	\$275
Registration of three (3) or more children in one family receives a \$200 discount on the entire amount.				

AGREEMENT OF PARTICIPATION

1. CONDUCT: I/My participating child, hereby agree(s) to abide by and support the current ALLIANCE and BLOMHA rules of play and personal conduct. I/My child, am/is aware that failure to comply with any ALLIANCE and BLOMHA rule is absolutely prohibited by ALLIANCE and BLOMHA. I/My child, acknowledge that I/my child, may be banned from arenas due to abusive or harassing behaviour towards players, coaches, league officials or other parents. I/my child, further acknowledge(s) that the length of any such ban shall be at the sole discretion of the BLOMHA Board of Directors. If I/my child, refuse to stay away from an arena after being ordered to do so, my child/participant will be removed from the program.

2. AUTHORIZATION FOR SERVICES: I/My child, acknowledge(s) that from time to time I/my child, may be travelling from place to place, sleeping away from home, and eating away from home. I/my child, reserve the right to take action from negligence but, subject to that, I/my child, release(s) ALLIANCE and BLOMHA including all members, coaches, managers and Association Executive from any responsibility. As well, I/my child, hereby allow(s) for pictures to be taken of my child from time to time for publication on BLOMHA social media, the BLOMHA website or in printed BLOMHA materials.

3. RISK OF SERIOUS INJURY: I/my child, hereby understand(s) and appreciate(s) that participation as a hockey player carries a degree of risk and could result in injury, including permanent disability, paralysis or death.

AGREEMENT TO ABIDE BY BOARD DECISIONS

I, the undersigned, certify that all information within this registration form to be true and in consideration of such and by signing this form I/my child, have become subject to the rules, regulations and decisions of ALLIANCE and BLOMHA and their Executive which may be restrictive in some areas such as movement from team to team, conduct, etc., and I/my child, agree(s) to abide by such rules, regulations and decisions of ALLIANCE and BLOMHA and their Executive. I/my child, am/are aware that these rules and regulations are available through my local executive. I/my child, am/are aware that BLOMHA has a Harassment + Abuse Policy which is available online at blomha.com or at the office if I do not have one in my possession.

Print Name

Parent/Guardian Signature

Date

OFFICE USE ONLY

PAYMENT IN FULL

Amount \$	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Authorization #	Date
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SPLIT PAYMENT

First payment Amount \$	Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Authorization #	Date
Second payment Amount \$	Cheque #	DATED JANUARY 15, 2021

OTHER PLAYERS IN SAME FAMILY

Name	Birth Year	Amount \$
Name	Birth Year	Amount \$
Name	Birth Year	Amount \$

Birth Certificate or Passport on File

Registration entered in HCR

Date

Notes