



TRI CITIES
PREDATORS
FEMALE ICE HOCKEY ASSOCIATION



34A-2755 Lougheed Hwy., #609. Port Coq. V3B 5Y9 (604) 464-7733 (464-PRED) Fax (604) 941-3720 www.tcpreds.com

Registration for 2010-2011 Season

Player Name: _____ Division: _____

Address: _____ Date of Birth: _____

City: _____ PC _____ BC Medical #: _____

Phone: _____ Emergency Contact: _____

Email: _____ Emergency Phone: _____

(for Association Correspondence)

Father's Name: _____ Mother's Name: _____

(Same) Address: _____ (Same) Address: _____

(Same) Email: _____ PC _____ (Same) Email _____ PC _____

(Same) Telephone _____ (Same) Telephone _____

Returning Player Out of District Player Movement

Are you willing to volunteer for: Coach Assist Coach Manager Safety Fundraising

How did you hear about TCFIHA Friend Newspaper Website Brochure Other _____

Have you ever played for another Hockey Association? Yes No Association: _____ Yr _____

SIGNATURE AND WAIVER

We hereby acknowledge the authority of Hockey Canada, BC Amateur Hockey Association, Pacific Coast Amateur Hockey Association, and Tri Cities Female Ice Hockey Association and agree to carry out and abide by the Constitution, By-Laws, Rules and Regulations of those associations.

EQUIPMENT: We, at the end of the season covered by this registration, agree to return all equipment provided by the Tri Cities Female Ice Hockey Association, in good condition, and should we fail to do so we agree to reimburse the Association for the replacement cost of such equipment.

RELEASE: In consideration of this application to play under the auspices of Tri Cities Female Ice Hockey Association, I do hereby for myself, heirs, executors, administrators and assigns, remise, release, and forever discharge the HCA, BCAHA, PCAHA and TCFIHA, its officers, or anyone acting on their behalf from all manner of litigation, damage claims, or demands in law or equity which I may have or acquire by reason of personal injury, loss or damage to property, which may occur during or by reason of participation in the activities of the association.

Signature of parent or guardian or player older than 19 years **x** _____

Dated the _____ day of _____ 2010

Tri Cities Female Ice Hockey Association Registration Receipt 2010/11 Season

Minimum non-refundable fee of \$50.00 due at time of registration, balance of fees may be made in installments with complete fees due by September 1st. Failure to have fees paid by September 1st may result in suspension of player.

All NSF Cheques are subject to a charge of \$30.00.

Tri Cities Female Ice Hockey Association's refund policy allows for refunds up to December 31st as defined in the registration guidelines (www.tcpreds.com/newpreds/reg_temp.htm) less the \$50.00 non-refundable administration and insurance fees. After December 31st, withdrawal from the Association due to medical issues will be reviewed by the Association Executive on a case by case basis. Refund amount, if applicable will be applied to the next season's fees.

TCFIHA REGISTRATION SCHEDULE 2010/2011

<input type="checkbox"/> Juvenile (18-20)	\$400 (est).	<input type="checkbox"/> Atom (9-10)	\$375		
<input type="checkbox"/> Midget (15-17)	\$600	<input type="checkbox"/> Novice (7-8)	\$300	Position: F D G	Please Circle Preference
<input type="checkbox"/> Bantam (13-14)	\$600	<input type="checkbox"/> Tyke (5-6)	\$200		
<input type="checkbox"/> Pee wee (11-12)	\$575				Registration Fee: <input style="width: 50px;" type="text"/>
<input type="checkbox"/> KidSport™Tri-Cities	KidSport™Tri-Cities makes grants to assist with registration fees for individual athletes (children 6 to 18 years of age) whose opportunities are limited by financial restrictions. TCFIHA encourages you to please consider a donation of \$2-\$25, through your registration. Amounts over \$25 are tax deductible and should be sent directly to KidSport™ call 604-341-0241				<input style="width: 50px;" type="text"/>
<input type="checkbox"/> Conditioning Camp	Optional			Tyke/Novice/Atom	\$40 <input style="width: 50px;" type="text"/>
				Pee wee/Bantam/Midget	\$75 <input style="width: 50px;" type="text"/>
<u>Rep Team Try-Outs</u>	Optional: Pee wee/Bantam/Midget Players wishing to try out for Tier 1 team.				
<input type="checkbox"/> Player Must declare position before tryouts	Forward	Defense			\$60 <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Goalie	Players declared as goalies will not be considered for other positions in try-outs				\$60 <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Fundraising Fee	Pay \$40 <input type="checkbox"/>	OR sell a box of chocolates <input type="checkbox"/>	Must Specify		\$40 <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Player Movement Fee	If played with a Hockey Canada sanctioned minor assoc. in the past other than TCFIHA.				\$15 <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Late Registration Fee	Applies after June 14th 2010				\$50 <input style="width: 50px;" type="text"/>
<u>Discounts (If applicable)</u>					
<input type="checkbox"/> Goalie Discount	Full time goalie MUST have all own equipment. (50% off division fee) (please see goalie registration policy)				50% off <input style="width: 50px;" type="text"/>
<input type="checkbox"/> 3 rd Child Discount	Applies to youngest child's fees or the lowest of the 3				50% off <input style="width: 50px;" type="text"/>
<input type="checkbox"/> AGM Discount	Must attend AGM to receive this discount				\$25 off <input style="width: 50px;" type="text"/>
<input type="checkbox"/> New Player Discount	Incentive for new players Atom and up who have never played before.				\$50 off <input style="width: 50px;" type="text"/>
Jersey deposit \$100 – all players post date a cheque for April 1 2011					<input style="width: 50px;" type="text"/>
TOTAL PAYMENT DUE					<input style="width: 50px;" type="text"/>
<p>ALL NEW PLAYERS Must provide a copy of their birth certificate and a copy of proof of residence (hydro or gas bill)</p>					
<p>All returning players MUST REGISTER with the association in order to ensure a spot on a team and go through try-outs</p>					

FOR TCFIHA USE ONLY

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Proof of Residence	<input type="checkbox"/> BC Hockey No Team in Category Form	<input type="checkbox"/> BC Hockey Res. Move Form
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PLAYERS PAID FOR	FEES	PAYMENTS*	CHEQUE #	AMOUNT	
<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	June 1	<input style="width: 50%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	Min \$50 NON-REFUND. DEPOSIT
<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	July 1	<input style="width: 50%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	
<input style="width: 100%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	Aug 1	<input style="width: 50%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	
TOTAL FEES	\$ <input style="width: 50%;" type="text"/>	Sept 1	<input style="width: 50%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	
			CASH	\$ <input style="width: 50%;" type="text"/>	
	Jersey Deposit April 1 2011		<input style="width: 50%;" type="text"/>	\$100 <input style="width: 50%;" type="text"/>	
	KidSport™Tri-Cities		<input style="width: 50%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	

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*When paying on Payment Plan, please Post-Date Cheques June 1, July 1, Aug 1, and Sept 1