



Metcalf and District Ringette Association

Box 429 Metcalfe, Ontario K0A 2P0
Pat Johnston, Registrar 821-1157
www.metcalferringette.ca info@metcalferringette.ca



Registrations received after June 23, 2007 will go on a waiting list

Player's Last Name:	Player's First Name:
Female ___ Male ___	Mother/Guardian Name:
Date of Birth (yy/mm/dd):	Father/Guardian Name:

Address:

City:	Postal Code:	Resident of City of Ottawa? Yes ___ No ___
Phone#:	Email:	

Is this a new player? (If YES attach copy of birth certificate and ORA membership registration form) Yes ___ No ___

How did you hear about us? _____

Birth Years	Level*	Registration Fee**	Power Skating	Early bird Discount***	Family**** Discount	Total
2000-2003	Bunny	\$250	n/a	-\$25	-\$15	_____
1998-1999	Novice	\$385	\$50	-\$25	-\$15	_____
1996-1997	Petite	\$385	\$50	-\$25	-\$15	_____
1994-1995	Tween	\$385	\$50	-\$25	-\$15	_____
1992-1993	Junior	\$385	\$50	-\$25	-\$15	_____
1989-1991	Belle	\$385	\$50	-\$25	-\$15	_____

* Where numbers permit, under-age players may play at a higher level at the discretion of the Association.
 ** Includes a \$40 non-refundable administrative fee.
 *** Early bird discount applies if registration received by May 31st
 **** Family discount applies to 2nd and subsequent players in the same family.

Cheques payable to "MDRA" MUST BE INCLUDED WITH THE REGISTRATION FORM
 Payments can be made in up to three installments due September 1, October 15 and December 1.
 An NSF fee of \$25 will be applied to all cheques returned.

Please indicate any volunteer positions you would be interested in for your child's team (coach, assistant coach, manager, trainer, representative on MDRA Executive, other):

Name: _____ Position(s): _____

Name: _____ Position(s): _____

Is it ok to use team or game photos including your child for promotion (eg. newspaper, web)? Yes ___ No ___

I accept all risks arising from the participation of the above player in the MDRA and release same association from any injury or damage claim or action. I also agree that the player and all family members will abide by the Association's constitution and all National Capital Region Ringette League, Ontario Ringette Association and Ringette Canada constitutions, by-laws, regulations and playing rules. I certify that the player lives at the address shown above.

Parent/Guardian Signature:	Date:
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Association Use:	Processed by (signature):	Date:
Cheque#, amount, date:	1: _____ 2: _____	3: _____



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 www.metcalf.ringette.org mdra@storm.ca



PLAYER MEDICAL INFORMATION

Last Name _____ First Name _____

Date of Birth (Y/M/D): _____

Person to be contacted in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

List any medical conditions and medications the team trainer should be aware of (allergies, previous illness, etc.):

Does the player carry and know how to administer own medications: YES ___ NO ___

If yes, provide details: _____

Parent / Guardian signature: _____ Date: _____

Medical information is confidential.

Only authorized individuals should have access to this form.

Keep this form with the team at all times.

Fill in this form if this is the first year that a player is playing ringette in Ontario.
Proof of age (normally a birth certificate) must be attached or verified by the MDRA registrar or other authorized MDRA representative.

Ontario Ringette Association Membership Registration Form

WHITE - O.R.A. COPY
PINK - ASSOCIATION

NAME OF HOME ASSOCIATION																ASSOC. NO.			NEW	OVER 18
<input type="text"/>																<input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>
SURNAME										GIVEN NAME						SEX				
<input type="text"/>										<input type="text"/>						<input type="checkbox"/>				
STREET ADDRESS																APT. NO.				
<input type="text"/>																<input type="text"/>				
TOWN/CITY										PROVINCE				POSTAL CODE						
<input type="text"/>										<input type="text"/>				<input type="text"/>						
AREA			TELEPHONE						BIRTHDATE (MM/DD/YY)											
<input type="text"/>			<input type="text"/>						<input type="text"/>											

ASSOCIATION REGISTRAR USE ONLY:

AGE VERIFIED BY:

NAME (Print): _____

SIGNATURE: _____

I, the undersigned (registrant or legal parent/guardian), in registering with the Ontario Ringette Association as a Registered Affiliate or Associate Registered Affiliate Member, agree to abide and be governed by all prescribed by-laws, rules, regulations, policies, principles and philosophies as outlined in the Corporation's Operating Manual, circulated to the Registered Member and Associate Registered member on an annual basis.

Applicant or Parent/Guardian Consent

Date