Conception Bay Regional Minor Hockey Association
Registration Form 2024-2025
P.O. Box 17206, Conception Bay South, NL A1X 3H1
Fax: 709-834-6962 Tel: 709-834-6373 E-mail: office@cbrminorhockey.com
www.cbrminorhockey.com

Player's Name: ___Last Name___   ___First Name___   ___Initial___   **Birth date:** __mm__ / __dd__ / __yy__

Check One - _____ **New**   **or**   _____ **Returning Player to CBR**

Personal Information:

Player's MCP Number (Mandatory if new player): _____   **Gender (M/F):** _____

Mailing Address: _____   **Town:** _____

Postal Code: _____   **Email:** _____ (mandatory) **Home Tel:** _____

Parent/Guardian: _____   **Cell:** _____

I hereby allow the above named player to participate in the hockey program of the Conception Bay Regional Minor Hockey Association and that he/she agrees to abide by the regulations of the Association and play with the team that he/she will be assigned. I am fully aware that the Association and/or Facility will not be responsible for any injuries, loss of either time, equipment, or personal belongings of the above named player. I am also aware that I may be responsible for damages caused by the above named player to the facility, visiting facilities or to CBRMHA property.

CBRMHA may use photos or video of players taken during the season for use in media and on the CBRMHA website. Do you give permission to use your child's photo or video of your child? ☐ Yes ☐ No

Parent/ Guardian Signature: _____   **Date:** _____

Check One	REGISTRATION FEES 2021/2022	
	U7/Minor/Female (2019-2018) Ages 5-6	$475.00
	U9/Minor/Female (2017-2016) Ages 7-8	$475.00
	U11 (2015-2014) Ages 9-10	$700.00
	U13 (2013-2012) Ages 11-12	$720.00
	U15 (2011-2010) Ages 13-14	$720.00
	U18 (2009-2008-2007) Ages 15-17	$
	Female U11 (2015-2014)	$700.00
	Female U13 (2013-2012)	$720.00
	Female U15 (2011-2010)	$720.00
	Intro To Hockey	$200.00
	Sweat Camp	$ 75.00

FEE PAYMENT STRUCTURE

_____ Option 1: Visa / Mastercard / Debit Card/Cash / Cheque payment in FULL (**Cheques made payable to CBRMHA**)

_____ Option 2: Cheques - Initial Payment of $200.00 2 post-dated of equal amount dated Oct 30 & Nov 30

Receipt #: _____   **Amount Paid:** _____   **Received By:** _____