



**QATAR MINOR ICE HOCKEY ASSOCIATION
REGISTRATION FORM
2009 – 2010**

PLAYER INFORMATION		
Players Name:	Age as of December 31, 2009:	
Position:	D.O.B.:	
PARENT INFORMATION		
Mother's Name:	Mother's Mobile:	
Mother's Email Address:		
Father's Name:	Father's Mobile:	
Father's Email Address:		
Home Telephone Number:		
EMERGENCY CONTACT INFORMATION (other than parent)		
Name:	Telephone:	Mobile:
ADDITIONAL INFORMATION		
Medical Conditions of Player (e.g. Asthma, Allergies, etc.)		
School (to help us coordinate our ice schedule with the local schools):		

FULL SAFETY EQUIPMENT IS MANDATORY

INITIATION, NOVICE, ATOM, PEE WEE: Helmet with full cage, neck guard, shin pads, shoulder pads, elbow pads, hockey pants, athletic cup and gloves.

BANTAM: Helmet with full cage, neck guard, shin pads, shoulder pads, elbow pads, hockey pants, athletic cup, gloves and mouth guard.

Waiver: I acknowledge that hockey can be a dangerous sport and may result in injury to my child. I acknowledge that by signing this waiver, it releases the Qatar Minor Ice Hockey Association (QMIHA), its directors, coaches and/or instructors, the Villaggio Ice Rink, the people working at the facility and all people concerned with the program from any liability for injury or accident which may be incurred by any player.

The QMIHA reserves the right to modify, cancel or make adjustments to the program as deemed necessary. The QMIHA will not be responsible for lost, stolen or broken equipment or property of any player.

Note that players are registered in their age group. However, player evaluations could result in adjustment of registration fees.

PARENT OR GUARDIAN SIGNATURE: _____ Date: _____

Photo Waiver: Photographs are periodically taken of players during practices and games. I give QMIHA permission to use my child's photograph, video and audio recordings, likeness, artwork, profile and/or story in QMIHA publications, web pages and other promotional materials produced, used by and representing the QMIHA. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

PARENT OR GUARDIAN SIGNATURE: _____ Date: _____

FOR ASSOCIATION OFFICIALS USE ONLY

- | | | | | | |
|-------------------------------------|---------|----------------------------------|---------|---------------------------------|---------|
| <input type="checkbox"/> Initiation | QR 900 | <input type="checkbox"/> Novice | QR 1200 | <input type="checkbox"/> Bantam | QR 1300 |
| <input type="checkbox"/> Atom | QR 1300 | <input type="checkbox"/> Pee Wee | QR 1300 | | |

TOTAL AMOUNT PAID: _____ Receipt #: _____

PAYMENT RECEIVED BY: _____ Date: _____

All registration fees are non refundable, except for reasons as outlined in the Constitution of the QMIHA