



2024-2025 WDMHA REGISTRATION -Circle applicable division & TO

****ALL COMPLETE REGISTRATIONS ACCEPTED FIRST COME, FIRST SERVED AND ARE SUBJECT TO AVAILABILITY IN DIVISION****

****ALL U11 & OLDER ROSTERED GOALTENDER FEES WILL BE REIMBURSED AFTER PLAYOFFS****

Junior Division	Age as of Dec 31 st 2024	Yr Born	Rates		
U7 Rec	5/6	2019-2018	Rate \$525.00	After July 1 \$625.00	½ off for 1 st time player \$312.50
U9 Rec	7/8	2017-2016	Rate \$575.00	After July 1 \$675.00	½ off for 1 st time player \$337.50
U11 Rec & Dev	9/10	2015-2014	Rate \$725.00	After July 1 \$825.00	U11 Dev tryout fee \$125.00

U11 Dev Fees - \$250.00 Due upon team selection

Dryland Fees - as applicable for paid Dryland training

U13 FEMALE RECREATION LEAGUE TEAM-also available to U11 and U15 players IF there is room \$725.00 as primary team plus an additional \$300.00 if your player is ALSO choosing to play integrated as well. Please circle both if that is the case.

Senior Division	Age as of Dec 31 st 2023	Yr Born			Rep Tryout Fee
U13 Rec & T3 Rep	11 / 12	2013-2012	Rate \$725.00	After July 1 \$825.00	\$125.00
U15 Rec & T3 Rep	13 / 14	2011-2010	Rate \$750.00	After July 1 \$850.00	\$125.00
U18 Rec & T3 Rep	15 / 16 / 17	2009-08-07	Rate \$625.00	After July 1 \$725.00	\$125.00

Senior Rep Fees - \$325.00 for U13 T3 & U15 T3 teams, \$450.00 for U18 T3. Due upon team selection.

Coaching Fee - as applicable for paid Coaches Dryland Fee - as applicable for paid Dryland

Family Discount (taken off oldest siblings registration) 2 players \$30.00, 3 players \$90.00 4 players \$150.00

Volunteer bond payments payable and ARE INCLUDED in registration fees, MAXIMUM \$200.00 PER FAMILY
(please see attached Volunteer Bond Form for details):

All new members must provide a copy of your child's Birth Certificate and proof of local residency. You will also need to complete an Omaha Move With Parent form if you are coming from another association. Transfers can take up to two weeks to process, no participation will be allowed until all documentation is received, and the transfer has been completed.

There will be no player participation until fees are paid in full, unless previously approved by winfieldmha@shaw.ca

E-transfer/credit card: Complete form below and sign. E-transfers are one payment only & will be processed July 1, 2023

PLAYER Last Name		PLAYER First Name		PLAYER Division	
Transactions cannot be processed without an email address, a secure receipt will be sent				Email – must be legible please	
Visa #		Master Card #		Account/Card Holder Name	
Card Holder Signature				FULL AMT. \$	
x				Expiry ____ / ____	
By signing above, I hear by authorize Winfield Minor Hockey Association to process credit card or email transfer payments for the dates and amounts indicated, or the Full amount listed above.					



2024-2025 WDMHA Registration

U18 _____ U15 _____ U13 _____ U11 _____ U9 _____ U7 _____

Player information – please print

Last Name	First Name	Initial	Gender (Circle) M F
Street Address / Mailing Address	City	Postal Code	
Birth Date (Day/Month/Year)	Phone	BC Care Card #	
Player Position			

Parent/Guardian information – please print

Father's Last Name	First Name	Email – Confirmation Sent Via Email Please Provide
Phone # If Different	Cell #	Work
Mother's Last Name	First Name	Email - Confirmation Sent Via Email Please Provide
Phone # If Different	Cell #	Work
Emergency Contact (if unable to contact Parents)	Phone #	Cell #

Waiver - We hereby acknowledge the authority of the CHA, BCAHA, OMAHA and the WINFIELD & DISTRICT MINOR HOCKEY ASSOCIATION (WDMHA) and agree to carry out and abide by the CONSTITUTION, BYLAWS, 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 WDMHA in good condition and should we fail to do so we agree to reimburse WDMHA for the replacement cost of same.

Release - In consideration of this applicant to play under the auspices of the WDMHA, I do hereby for myself, heirs, executors, administrators And assigns; remise release and forever discharge the CHA, BCAHA, OMAHA, the WDMHA, it's 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 to the player, loss or damage to property, which may occur during or by reason of participation in the activities of the WDMHA.

I AM THE PARENT OR LEGAL GUARDIAN OF THE INDIVIDUAL NAMED ON THIS FORM, AND HAVE READ THE WAIVER ON THIS PAGE AND AGREE TO ALL THE STATED CONDITIONS.

Date: _____ Parent/Legal Guardian X _____

Office: Open Wednesdays from 1:00-4:30 or leave in the mail slot or scan and email to winfieldmha@shaw.ca

CHECK LIST: -

Complete **Registration** with Payments (this includes Post dated items)

Complete **Code of Conduct Form** (All Players & both Parents)

Transferring Members must also complete a Move With Parent form available on the District website www.omahahockey.ca

***To secure your registration, all payments and paperwork must be complete.**



BC Hockey Code of Conduct

As a BC Hockey player, coach, official, volunteer or parent of any of the previous; I, _____ shall adhere to the B.C. Hockey Code of Conduct set out below. I understand that failure to adhere to this code may bring disciplinary actions.

1. Treat everyone fairly within the context of their activity, regardless of gender, place of origin, colour, sexual orientation, religion, political belief or economic status.
2. Abide by the BC Hockey Harassment and Abuse Policy (5.16)
3. Refrain from the public criticism of fellow members be they volunteers, athletes, coaches, or officials.
4. Respect the dignity of others and refrain from verbal or physical behaviours that constitute harassment or abuse.
5. Refrain from the use of profane, insulting, harassing or otherwise offensive language in my participation in any BC Hockey event.
6. Direct any comments or criticism at the performance rather than the person.
7. Take the initiative to learn, respect, communicate and adhere to the rules and regulations for the sport and the spirit of such rules, while encouraging other participants to do the same.
8. Abstain from the use of non-prescription drugs, tobacco products (or vapes) and from the drinking of alcoholic beverages in the discharging of BC Hockey duties and responsibilities.
9. Discourage the use of non-prescription drugs and alcoholic beverages or the use of tobacco products in conjunction with athletic events or celebrations.
10. At no time request, participate in or give into requests for sexual favours within any aspect of the game and immediately report such instances to the appropriate body
11. Communicate and cooperate with registered medical practitioners in the diagnoses, treatment and management of medical problems. Respect the concerns these medical personnel have when they are considering the future health and well-being of all participants and when making decisions regarding the ability to continue to perform or train.
12. Follow the annual training, competitive programs and rules of conduct as mutually agreed upon by Coaches and Athletes, while recognizing the responsibilities of the Athletes to adhere to and complete.
13. Participate in team training, practice and testing and satisfy all team program testing objectives. 14. Provide Coaches or supervisors with the results of training to enable them to monitor and assess improvement in performance.

Addendum for coaches, officials, volunteers and all other non-playing participants.

15. Regularly seek ways to increase my professional development and self-awareness.
16. In the case of minors, communicate and cooperate with the parent(s) or legal guardian(s), involving them in decisions pertaining to their child's development
17. Ensure that the activity being undertaken by members and participants is suitable to the age, experience, ability and fitness level of the individual and are conducted in a safe environment.
18. Be aware of and respect the pressures that may be placed on all participants as they strive to balance the physical, mental, emotional and spiritual aspects of their life. Conduct practices and participation in competition in a manner so as to allow success in all areas of their lives.
19. Consider the athletes' future health and well-being when making decisions regarding an injured player's ability to continue playing or training.

Player Signature: _____

Date: _____

Parent Signature _____

Date: _____

Parent Signature _____

Date: _____

2024-2025 Winfield and District Minor Hockey Volunteer Bond Agreement

VOLUNTEER BOND PAYMENT IS INCLUDED IN REGISTRATION FEE....DO NOT PAY SEPARATE

The volunteer bond program was introduced to encourage all Association members to become actively involved in the operation and success of the WDMHA Association. Participation in the Volunteer Bond Program is a mandatory component of registration with the Association.

*The value of the bond is **\$100.00** per player ALL Divisions . Upon completion of team job duties and reporting to your team Volunteer Coordinator, you will be refunded this amount. The list of team positions is detailed below.

Volunteering at your team's home tournament (other than Tournament Organizers) does NOT count towards your volunteer bond hours. Everyone MUST volunteer at your home tournament as well as complete the expected volunteer bond hours.

If you are a "Team Staff Member" , Coach Asst Coach Manager or HCSP you do not have to volunteer with more than one team. Your hours as a team staff member cover your family's participation.

Player: _____ Division: _____

Player: _____ Division: _____

Player: _____ Division: _____

IT IS EACH FAMILY'S OWN RESPONSIBILITY TO ENSURE THEY MEET THE VOLUNTEER BOND PROGRAM COMMITMENT AND REPORT THEIR COMPLETION OF DUTIES TO THEIR ASSIGNED VOLUNTEER COORDINATOR, THERE WILL BE NO BONDS REFUNDED AFTER APRIL 15TH, 2024

I have read and fully understand that I am required to volunteer a team position for the upcoming hockey season in order to be eligible for the Volunteer Bond Reimbursement. I understand that it is my responsibility to book, work, & report this to my team Volunteer Coordinator.

Parent or Guardian Name & Email (print) _____

Date: _____ Signature: _____

Team Volunteer Positions;

Coach
Assistant Coach
Assistant Coach
Manager
HCSP
HCSP
Volunteer Coordinator
Tournament Coordinator
50/50 Sales & Remittance
Timekeeper
Timekeeper
Timekeeper
Scorekeeper
Scorekeeper
Scorekeeper
Jersey collection & laundry
Jersey collection & laundry
Association Volunteer (be available for association events such as photo night, tryouts, & awards)

