



**2009-10**  
**MISSISSAUGA RINGETTE ASSOCIATION**  
**PLAYER REGISTRATION FORM**



Last Name: ..... First Name: .....

Address: ..... City:.....

Postal Code :..... Telephone:..... Date of Birth: (YYYY).....(MM).....(DD).....

Mother's Name: ..... Father's Name: .....

Email Address (for MRA use only) .....

Office Use Only:	Payment Rec'd	Cash	Cheque #	Team

Method of Payment – Cheques payable to: Mississauga Ringette Association or MRA

- Please mail to: MRA Registrar, 3287 Flanagan Crescent, Mississauga, Ontario, L5C 2M7
- Register in person at Iceland Arena, Friday, August 28<sup>th</sup> – 6:30 p.m. – 8:30 p.m.  
or Meadowvale 4 Rinks, Friday, September 11<sup>th</sup> – 6:30 p.m. – 8:30 p.m.

Bunny Learn to Skate	Friday Nights <input type="checkbox"/>	Saturday Mornings <input type="checkbox"/>	
		Base Fee \$175	\$175 <input type="checkbox"/>
Bunny Learn to Skate & Bunny League		Base Fee \$175 + \$75	\$250 <input type="checkbox"/>
House League (Novice/Petite/Tween)		Base Fee \$340	\$340 <input type="checkbox"/>
House League & Regional B		Base Fee \$340 + \$150	\$490 <input type="checkbox"/>
Regional B		Base Fee \$340 + \$90	\$430 <input type="checkbox"/>
Provincial A & AA		Base Fee \$340 + \$155	\$495 <input type="checkbox"/>

**Divisions: Based on age as of December 31, 2009.**

Under 5 (Bunny Learn to Skate) 2004 & 2005	Under 14 (Tween)	1996 & 1997
Under 7 (Ice Bunnies) 2002 - 2005	Under 16 (Junior)	1994 & 1995
Under 9 (Novice) 2000 & 2001	Under 19 (Belle)	1991 - 1993
Under 11 (Petite) 1998 & 1999	18+ (Open)	1990 and Prior

MRA is organized and operated by Volunteers. Please indicate an area in which you would like to assist:

Coach  Assistant Coach  Bingo  Fundraising  Executive  Equipment  Volunteer at large

I, the undersigned, registrant or legal parent/guardian, in registering with MRA, agree to abide by the Association's by-laws, rules, regulations, policies, principles and philosophies and those as outlined in the ORA Operating Manual. I also agree that the participant is responsible for his/her own medical coverage. I hereby give permission to have staff arrange for any emergency medical care including hospitalization if necessary. Attempts will be made to contact parent or guardian first. Further, I release the City of Mississauga and Mississauga Ringette Association from all claims arising from participation in any activity. I consent to the release of my child's name/phone in newsletters. I consent to the release of my child's picture in newsletters.

\_\_\_\_\_  
Print name of Parent/Guardian/Player (if over 18)

\_\_\_\_\_  
Signature of Parent/Guardian/Player (if over 18)