



# Woolwich Girls Minor Hockey Association

Woolwich Memorial Centre – Office #3  
**PLAYER REGISTRATION FORM – 2018 – 2019**

Player's Name:

_____	_____	_____	_____	_____
Surname	First	Month	Day	Year
Date of Birth				

**If your contact information has not changed from last season you do not need to complete this section.**

Home Address:

_____	_____
Street Name & Number	Apartment #
_____	_____
City or Town	Postal Code

Phone Numbers:

_____	_____	_____
Home	Cell	Work

Email(s):

\_\_\_\_\_

Parent's or

Guardian's Name(s):

\_\_\_\_\_

**Circle One**

Are you a new registrant to WGMHA? (Copy of Birth Certificate must be attached.).....	Yes	No
Do you intend to try out for one of our Representative teams? (In addition to the regular registration fee, Representative players must pay a rep fee in September.).....	Yes	No
Is the player's principle residence in the Township of Woolwich?.....	Yes	No
Are you interested in playing in goal? (Supply of, or help with the supply of, goalie equipment is available.).....	Yes	No

**\*\*\* Make cheques payable to "Woolwich Girls Minor Hockey Association" or "WGMHA" \*\*\***

Cheques can be postdated to no later than: **August 1, 2018**

**Late registration fee for existing players: \$50 applies to registrations received after May 31, 2018. \$100 applies to registrations received after July 31, 2018.**

**Non-Woolwich residents will be charged an additional fee of \$50 and will be placed on a waiting list, as space on some teams may be limited. The fee does not apply if girl's hockey is not available in your home centre.**

Players wishing to try out in another centre must first register with WGMHA and then request a Permission to Skate form. A refund will be given once the player has made a team in another centre, less applicable fees. An OWHA Player Release form must be completed at that time. These forms can be obtained from our Registrar, Sarah Hicks at [registrar@woolwichwild.com](mailto:registrar@woolwichwild.com).

Please email or snail mail completed registrations, and/or questions to:

Sarah Hicks  
83 Parkhaven Drive, St Jacobs, ON, N0B 2N0  
519-998-1945  
[registrar@woolwichwild.com](mailto:registrar@woolwichwild.com)

Our organization is run by volunteers. If you are able to help out in any capacity, please indicate below:

Executive Member: \_\_\_\_\_ Fundraising: \_\_\_\_\_ Team/Jersey Sponsorship: \_\_\_\_\_ Team Staff: \_\_\_\_\_

**WGMHA Use Only:**

Birth Certificate received: \_\_\_\_\_ Release required: \_\_\_\_\_ Payment amount: \_\_\_\_\_ Payment method: \_\_\_\_\_