



# Metcalf and District Ringette Association

Box 429 Metcalfe, Ontario K0A 2P0  
Pat Johnston, Registrar 821-1157  
www.metcalferringette.ca info@metcalferringette.ca



## Registrations received after June 23, 2007 will go on a waiting list

|                           |                       |
|---------------------------|-----------------------|
| Player's Last Name:       | Player's First Name:  |
| Female ___ Male ___       | Mother/Guardian Name: |
| Date of Birth (yy/mm/dd): | Father/Guardian Name: |

Address:

|         |              |  |
|---------|--------------|--|
| City:   | Postal Code: | Resident of City of Ottawa? Yes ___ No ___ |
| Phone#: | Email:       |  |

Is this a new player? ( If YES attach copy of birth certificate and ORA membership registration form) Yes \_\_\_ No \_\_\_

How did you hear about us? \_\_\_\_\_

| Birth Years          | Level*            | Registration Fee** | Power Skating   | Early bird Discount*** | Family**** Discount | Total             |
|----------------------|-------------------|--------------------|-----------------|------------------------|---------------------|-------------------|
| 2000-2003            | Bunny             | \$250              | n/a             | -\$25                  | -\$15               | _____             |
| <del>1998-1999</del> | <del>Novice</del> | <del>\$385</del>   | <del>\$50</del> | <del>-\$25</del>       | <del>-\$15</del>    | <del>Closed</del> |
| <del>1996-1997</del> | <del>Petite</del> | <del>\$385</del>   | <del>\$50</del> | <del>-\$25</del>       | <del>-\$15</del>    | <del>Closed</del> |
| <del>1994-1995</del> | <del>Tween</del>  | <del>\$385</del>   | <del>\$50</del> | <del>\$25</del>        | <del>\$15</del>     | <del>Closed</del> |
| 1992-1993            | Junior            | \$385              | \$50            | -\$25                  | -\$15               | _____             |
| <del>1989-1991</del> | <del>Belle</del>  | <del>\$385</del>   | <del>\$50</del> | <del>-\$25</del>       | <del>-\$15</del>    | <del>Closed</del> |

\* Where numbers permit, under-age players may play at a higher level at the discretion of the Association.  
 \*\* Includes a \$40 non-refundable administrative fee.  
 \*\*\* Early bird discount applies if registration received by May 31st  
 \*\*\*\* Family discount applies to 2nd and subsequent players in the same family.

**Cheques payable to "MDRA" MUST BE INCLUDED WITH THE REGISTRATION FORM**  
 Payments can be made in up to three installments due September 1, October 15 and December 1.  
 An NSF fee of \$25 will be applied to all cheques returned.

Please indicate any volunteer positions you would be interested in for your child's team (coach, assistant coach, manager, trainer, representative on MDRA Executive, other):

Name: \_\_\_\_\_ Position(s): \_\_\_\_\_

Name: \_\_\_\_\_ Position(s): \_\_\_\_\_

Is it ok to use team or game photos including your child for promotion (eg. newspaper, web)? Yes \_\_\_ No \_\_\_

I accept all risks arising from the participation of the above player in the MDRA and release same association from any injury or damage claim or action. I also agree that the player and all family members will abide by the Association's constitution and all National Capital Region Ringette League, Ontario Ringette Association and Ringette Canada constitutions, by-laws, regulations and playing rules. I certify that the player lives at the address shown above.

|                            |       |
|----------------------------|-------|
| Parent/Guardian Signature: | Date: |
|----------------------------|-------|

|                        |                           |          |
|------------------------|---------------------------|----------|
| Association Use:       | Processed by (signature): | Date:    |
| Cheque#, amount, date: | 1: _____ 2: _____         | 3: _____ |



**Metcalf and District Ringette Association**  
 Box 429 Metcalfe, Ontario K0A 2P0  
 www.metcalf.e.ringette.org    mdra@storm.ca



## PLAYER MEDICAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth (Y/M/D): \_\_\_\_\_

**Person to be contacted in case of emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical conditions and medications the team trainer should be aware of (allergies, previous illness, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the player carry and know how to administer own medications: YES \_\_\_ NO \_\_\_

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical information is confidential.**

**Only authorized individuals should have access to this form.**

**Keep this form with the team at all times.**

Fill in this form if this is the first year that a player is playing ringette in Ontario.  
Proof of age (normally a birth certificate) must be attached or verified by the MDRA registrar or other authorized MDRA representative.

## Ontario Ringette Association Membership Registration Form

WHITE - O.R.A. COPY  
PINK - ASSOCIATION

|                                 |  |  |                      |  |  |  |  |  |                             |                      |  |  |  |   |  |                          |  |  |                          |                          |
|---------------------------------|--|--|----------------------|--|--|--|--|--|-----------------------------|----------------------|--|--|--|---|--|--------------------------|--|--|--------------------------|--------------------------|
| <b>NAME OF HOME ASSOCIATION</b> |  |  |                      |  |  |  |  |  |                             |                      |  |  |  |   |  | <b>ASSOC. NO.</b>        |  |  | <b>NEW</b>               | <b>OVER 18</b>           |
| <input type="text"/>            |  |  |                      |  |  |  |  |  |                             |                      |  |  |  |   |  | <input type="text"/>     |  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>SURNAME</b>                  |  |  |                      |  |  |  |  |  |                             | <b>GIVEN NAME</b>    |  |  |  |   |  | <b>SEX</b>               |  |  |                          |                          |
| <input type="text"/>            |  |  |                      |  |  |  |  |  |                             | <input type="text"/> |  |  |  |   |  | <input type="checkbox"/> |  |  |                          |                          |
| <b>STREET ADDRESS</b>           |  |  |                      |  |  |  |  |  |                             |                      |  |  |  |   |  | <b>APT. NO.</b>          |  |  |                          |                          |
| <input type="text"/>            |  |  |                      |  |  |  |  |  |                             |                      |  |  |  |   |  | <input type="text"/>     |  |  |                          |                          |
| <b>TOWN/CITY</b>                |  |  |                      |  |  |  |  |  |                             | <b>PROVINCE</b>      |  |  |  | <b>POSTAL CODE</b>                          |  |                          |  |  |                          |                          |
| <input type="text"/>            |  |  |                      |  |  |  |  |  |                             | <input type="text"/> |  |  |  | <input type="text"/> - <input type="text"/> |  |                          |  |  |                          |                          |
| <b>AREA</b>                     |  |  | <b>TELEPHONE</b>     |  |  |  |  |  | <b>BIRTHDATE (MM/DD/YY)</b> |                      |  |  |  |   |  |                          |  |  |                          |                          |
| <input type="text"/>            |  |  | <input type="text"/> |  |  |  |  |  | <input type="text"/>        |                      |  |  |  |   |  |                          |  |  |                          |                          |

### ASSOCIATION REGISTRAR USE ONLY:

AGE VERIFIED BY:

NAME (Print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

I, the undersigned (registrant or legal parent/guardian), in registering with the Ontario Ringette Association as a Registered Affiliate or Associate Registered Affiliate Member, agree to abide and be governed by all prescribed by-laws, rules, regulations, policies, principles and philosophies as outlined in the Corporation's Operating Manual, circulated to the Registered Member and Associate Registered member on an annual basis.

\_\_\_\_\_  
Applicant or Parent/Guardian Consent

\_\_\_\_\_  
Date