



REGISTRATION 2015 SEASON

SAVE PDF and E-MAIL or FAX completed form. ONLINE registration form available on our website. LIMITED ROSTER SPOTS AVAILABLE	FOR OFFICE USE Player ID #
44 Barr Crescent ★ Aurora, ON, Canada L4G 0C1 Phone: 905-750-0011 ★ Fax: 905-750-0022 E-mail: info@rogerneilsonshockey.com www.rogerneilsonshockey.com	FIND US ON SOCIAL MEDIA Twitter.com/RNeilsonsHockey Facebook: RogerNeilsonsHockeyCamp

RINK RATS PROGRAM SELECTION & DETAILS	
PROGRAM CHOICE	WHICH TEAM ARE YOU REGISTERING FOR? <input type="checkbox"/> BOYS – 2003 (AE/A) <input type="checkbox"/> BOYS – 2003 (AA/AAA) <input type="checkbox"/> BOYS – 2004 <input type="checkbox"/> GIRLS – 2004 <input type="checkbox"/> BOYS – 2005 <input type="checkbox"/> BOYS – 2006 <input type="checkbox"/> BOYS – 2007 <input type="checkbox"/> BOYS – 2008
PRACTICES	AURORA and/or NEWMARKET, ON, Canada 3 practices per team – ahead of each tournament (75-90 min each pending age group). Practice dates/times and arenas TBA SPRING PROGRAM (optional add-on) at Stronach Aurora Family Leisure Complex/ Aurora Recreation Complex
PAYMENT	Personal Cheque, Money Order, Visa or MasterCard <i>Cheques to be made payable to: Roger Neilson's Rink Rats (Birth Year)</i>
COST	\$595 CAD (+HST) Price includes 3 practices, 3 tournaments (12 games min), Rink Rats apparel, insurance, Roger Neilson's program discounts. <i>Travel, Meals & Accommodations not included.</i>

PLAYER'S INFORMATION					
FIRST NAME	LAST NAME	DATE OF BIRTH MM / DD / YY	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS	CITY	PROV / STATE	COUNTRY	POSTAL / ZIP CODE	
HOME PHONE	FATHER CELL	MOTHER CELL	ALTERNATE # (cottage, etc.)		
PARENTS NAMES F: _____ M: _____	FATHER EMAIL	MOTHER EMAIL			

PLAYER PROFILE			
2014-15 TEAM (List 2015-16 team if known)	PREFERRED POSITION <input type="checkbox"/> LW <input type="checkbox"/> C <input type="checkbox"/> RW <input type="checkbox"/> RD <input type="checkbox"/> LD <input type="checkbox"/> G		SHOT <input type="checkbox"/> L <input type="checkbox"/> R
LEAGUE	LEVEL	HEIGHT (ie. 4', 3")	WEIGHT (ie. 85 lbs)

ADDITIONAL INFORMATION	
SWEATER SIZE: <input type="checkbox"/> YOUTH <input type="checkbox"/> ADULT <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> GOALIE	SWEATER NUMBER REQUEST 1. 2. 3. 4.
T-SHIRT SIZE: <input type="checkbox"/> YOUTH <input type="checkbox"/> ADULT <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL	SOCK SIZE REQUEST <input type="checkbox"/> 22" <input type="checkbox"/> 24" <input type="checkbox"/> 26" <input type="checkbox"/> 28" <input type="checkbox"/> 32"

*When selecting sizes, please err on the side of caution. If you're not certain, order larger rather than smaller.
 All sweaters will be customized with names sublimated direct onto the material.*

PAYMENT INFORMATION			TERMS & CONDITIONS	
FULL PAYMENT: Full payment is required with application and is payable by Pay Pal, Cheque, Visa or MasterCard . Cheques should be made out to Roger Neilson's Rink Rats (Birth Year) . All Credit Cards will be billed in Canadian funds. Registrations will only be processed when a valid credit card number is provided OR cheque provided. Upon receipt of your registration, a confirmation and additional details will be sent via email (unless specifically requested otherwise). SPRING PROGRAM ADD-ON: Rink Rats players may add-on the Roger Neilson's Spring Program (5 sessions) for an additional \$200 +HST. Spring Program is subject to a minimum number of participants and may be cancelled if objectives are not met. All payments will be refunded in full if the program does not run. There are no refunds for missed practices or Spring Program sessions.			There are no refunds for cancellations zafter April 15, 2015. At the sole discretion of Roger Neilson's Hockey (and its representatives), cancellations may be given a credit towards a future Roger Neilson's program. Cancellations due to injury or medical reasons will require a Doctor's certificate at the request of Roger Neilson's Hockey – and the cancellation fee will be kept 'on account' for use in a future Roger Neilson's program. There are NO refunds or pro-rated discounts for conflicts, 'no shows' or missed practices or games (including suspensions) – without prior consent of the Roger Neilson's Hockey Director. Travel, meals & accommodations are the responsibility of the participant and are not included in the price of the Rink Rats Tournament team. Most away tournaments require the team to stay at an 'official' representative hotel of the tournament. The team representative will organize the tournament bookings on behalf of each family.	
SPRING PROGRAM ADD-ON <input type="checkbox"/> YES (\$200 +HST) <input type="checkbox"/> NO	PAYMENT TYPE <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MC	PAYMENT AMOUNT <input type="checkbox"/> FULL \$	By submitting a Rink Rats application, I give my approval to my child's participation in all team activities and assume all risks and hazards incidental to such participation and do waive, release, absolve, indemnify and agree to hold harmless, other than for willful default or neglect on their part, Roger Neilson's Hockey (RNH), its officers, agents or employees.	
CARD NUMBER	EXPIRY DATE MM / YY	In signing this application, you are certifying that you have read and understand the conditions of this application and agree to abide by the terms as outlined. Questions should be directed to the RNH Director by phone/email.		
NAME ON CARD	SIGNATURE	PARENT AUTHORIZATION SIGNATURE	DATE MM / DD / YY	

RETURN BY EMAIL OR FAX BY FEBRUARY 1, 2015