



DELTA HOCKEY ACADEMY

2018/19 Registration Form

Note: Return completed application, **Deposit and Monthly fees** to the attention of **Delta Wild Hockey Group @ Planet Ice Delta**, 10388 Nordel Ct, Delta B.C., V4G 1J7, email info@deltawildhockeygroup.com

Personal Info	Applicant Name (Legal): _____		
	Last	First	Middle
	Mailing Address: _____		Grade (as of Sept '18): _____
	Primary Email Address: _____		Secondary Email Address: _____
	City: _____	Prov: _____	Postal Code: _____
	Home Phone: _____		
	Birth Date: _____	Current School: _____	Care Card #: _____
	YYYY MM DD		

Team	Please put a ✓ in the box next to your assigned team.	
	<input type="checkbox"/> Female Varsity	<input type="checkbox"/> Female Prep

Financials	Deposit
	<i>Non-refundable; submit with this application form</i>
	<u>Deposits per team- Due May 1st, 2018</u>
	<ul style="list-style-type: none"> • Female Varsity..... \$3,850.00 • Female Prep..... \$4,317.00
	Deposit Payment Options: Please check one <ul style="list-style-type: none"> • <input type="checkbox"/> Cheque - Make payable to 'Delta Wild Hockey Group' • <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex Please go to www.deltahockeyacademy.com
	Monthly Fees
	Payment Options: Cheque or square payment - All payments must be made no later than the 1st of each month. A default in payment will result in a temporary suspension of play.
	September to March monthly fee due on the 1st of each month 7 <u>Month Payment Schedule:</u> <ul style="list-style-type: none"> • Female Varsity – September-March..... \$1,925/month • Female Prep \$2,158/month
	Please note that for the 2018/2019 season, the monthly fees are over the course of 7 months, due on the 1 st of each month.

Signatures	A. Parent/Guardian Signature I grant my son permission to participate in the program indicated above. I understand that the cost above for the Delta Wild Hockey Academy has been divided into the deposit of first and last month payment (April/May) & 7 remaining monthly payments. I agree to pay the above costs(plus GST) fee in full. I certify that all statements on this application are true and complete. I agree that any default on payment will result in suspension from the program.	
	Parent's/Guardian's Name: _____ <small>Please Print</small>	
	Signature: _____	Date: _____
	Parent's E-mail: _____	Cell Phone: _____