



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@deltahockeyacademy.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: _____ |
| Birth Date: _____ | | Current School: _____ | |
| | YYYY | MM | DD |
| | | Home Phone: _____ | |
| | | Care Card #: _____ | |

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

| | | |
|---|--|------------|
| Financials | Deposit (2 of 9 months) | |
| | <i>Non-refundable; submit with this application form</i> | |
| | <u>Deposits per team- Due May 1st, 2018</u> | |
| | • Female Varsity..... | \$3,850.00 |
| | • Female Prep..... | \$4,317.00 |
| Deposit Payment Options: Please check one | | |
| • <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 (Remaining 7 of 9 months) | | |
| 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 | | |
| <u>7 Month Payment Schedule:</u> | | |
| • 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 daughter permission to participate in the program indicated above. I understand that the above financial commitment must be fulfilled based on the payment schedule above. Deposit(2 months payment) and the remaining 7 monthly payments (Sept-Mar). 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 and further legal collection action may follow. | |
| | Parent's/Guardian's Name: _____ <small>Please Print</small> | |
| | Signature: _____ | Date: _____ |
| | Parent's E-mail: _____ | Cell Phone: _____ |