



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): _____	Age (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"/> Midget U18	<input type="checkbox"/> Midget Varsity	<input type="checkbox"/> Midget E15	<input type="checkbox"/> Bantam Prep Green	<input type="checkbox"/> Bantam Prep White	<input type="checkbox"/> Bantam Varsity

Financials	Deposit (2 of 9 months)	
	<i>Non-refundable; submit with this application form</i>	
	<u>Deposits per team:</u>	
	<ul style="list-style-type: none"> • 18U-Midget Prep/16U-Midget Varsity/E-15-Midget..... \$3,966.67 • Bantam Prep White/Bantam Prep Green \$3,860.00 • Bantam Varsity..... \$3,500.00 	
	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(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>Monthly Fees per team:</u>		
<ul style="list-style-type: none"> • 18U-Midget Prep/16U-Midget Varsity/E-15-Midget..... \$1,983.33/month • Bantam Prep White/Bantam Prep Green..... \$1,925.00/month • Bantam Varsity..... \$1,750.00/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 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: _____