

**RUGBY AMATEUR HOCKEY ASSOCIATION (RAHA)  
2018-19 REGISTRATION**

Players Name \_\_\_\_\_

Players Address \_\_\_\_\_

Online USA Hockey Registration Confirmation # \_\_\_\_\_

**MUST ATTACH USA HOCKEY ONLINE REGISTRATION CONFIRMATION**

1st Contact (Parent/Guardian) Name \_\_\_\_\_

1st Contact (Parent/Guardian) Address \_\_\_\_\_

1st Contact (Parent/Guardian) Email \_\_\_\_\_

1st Contact (Parent/Guardian) Cell# \_\_\_\_\_ Home # \_\_\_\_\_

2nd Contact (Parent/Guardian) Name \_\_\_\_\_

2nd Contact (Parent/Guardian) Address \_\_\_\_\_

2nd Contact (Parent/Guardian) Email \_\_\_\_\_

2nd Contact (Parent/Guardian) Cell# \_\_\_\_\_ Home # \_\_\_\_\_

**Please write in Child's Date of Birth as it appears on their birth certificate**

**\*First time players must submit a copy of their birth certificate**

**D.O.B. \_\_\_\_\_ First Time Player (please circle one): YES / NO**

	<b>Group</b>	<b>2018-19 ND Age Classification</b>	<b>Local RAHA FEE</b>	<b>Online USA Hockey Fee and Accident Insurance <a href="http://www.usahockey.com">www.usahockey.com</a></b>
	ND Mini Mite	Born 7/01/2011-6/30/2014	Free	Free 2012 birth year & after
	ND Mite	Born 7/01/2009-6/30/2011	Free	\$55 online @ USA Hockey
	ND Squirt	Born 7/01/2007-6/30/2009	\$125	\$55 online @ USA Hockey
	ND PeeWee	Born 7/01/2005-6/30/2007	\$175	\$55 online @ USA Hockey
	ND Bantam	Born 7/01/2003-6/30/2005	\$225	\$55 online @ USA Hockey

**\*Local RAHA registration fee WAIVED for First Time Players, Mites and Mini Mites.**

**MEDICAL**

If player is covered by Insurance, please complete the following:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

If player has any medical conditions, concerns or medication/food allergies please list below: \_\_\_\_\_

\_\_\_\_\_

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**FUNDRAISING & CALENDARS FOR YOUTH**

\_\_\_\_\_ Numbers \_\_\_\_\_ Date Due  
\_\_\_\_\_ 15 Calendars for Youth (per Player) \_\_\_\_\_ Dec. 29, 2018  
\_\_\_\_\_ (initial) I agree to sell the calendars for youth and volunteer at the Fall Supper.  
I agree to return the sold youth tickets and all proceeds by **Dec. 29, 2018**.  
I agree to pay for any unsold calendars for youth.  
\_\_\_\_\_ (initial) If my fees & fundraising payments are delinquent, my child will not be  
able to participate in any hockey activities until the payments are made.  
\_\_\_\_\_ (initial) I elect to not participate in the above calendar fundraiser and Fall Supper.  
I agree to pay an additional \$300 (due at registration).

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\_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature

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**RAHA HANDBOOK, EQUIPMENT AND PAYMENT**

\_\_\_\_\_ (initial) I have received the RAHA 2018-19 Handbook online or (*paper copy upon request*).

RAHA Registration ( <i>First Time Player, Mite or Mini Mite</i> ):	\$ FREE
RAHA Registration ( <b>Bantams: \$225, PeeWees: \$175, Squirts: \$125</b> )	\$ _____
Rental Equipment ( <i>First Time Player, Mite or Mini Mite</i> ):	\$ FREE
Total Due	\$ _____
Amount Paid (Cash/Check# _____)	\$ _____
Balance Due	\$ _____

**PAYMENT SCHEDULE**

I would like to make payments (please circle one):      TWO      THREE

FIRST PAYMENT	due at Registration	\$ _____
SECOND PAYMENT	due on or before 12/1/18	\$ _____
THIRD PAYMENT	due on or before 1/1/19	\$ _____

I agree to the above payment schedule. I agree to make the above payments on time. If a payment is delinquent, my child will not be allowed to participate in any hockey activities until the payment is made. I agree to pay a late fee of \$10 per late payment.

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\_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature

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