



Player Information

Surname:	<input type="text"/>	Date of Birth:	<input type="text"/>
1 <sup>st</sup> Name:	<input type="text"/>	Age:	<input type="text"/> <input type="text"/>
Division:	<input type="checkbox"/> IP <input type="checkbox"/> SP <input type="checkbox"/> Nv <input type="checkbox"/> Am <input type="checkbox"/> PW <input type="checkbox"/> Bm <input type="checkbox"/> Mt <input type="checkbox"/> Jv	Position:	<input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/> G
Check Box	<input type="checkbox"/>	Check Box	<input type="checkbox"/> Rep <input type="checkbox"/> LL

Parent/Guardian Information

Surname:	<input type="text"/>	Home Phone:	<input type="text"/>
1 <sup>st</sup> Name:	<input type="text"/>	Cell Phone:	<input type="text"/>
Street	<input type="text"/>	Work Phone:	<input type="text"/>
City/Town	<input type="text"/>	Postal Code	<input type="text"/> - <input type="text"/> <input type="text"/> RR <input type="text"/>
E-mail	<input type="text"/>		

Second Contact/Guardian Information

Surname:	<input type="text"/>	Home Phone:	<input type="text"/>
1 <sup>st</sup> Name:	<input type="text"/>	Relation:	<input type="text"/>

Additional Contact/Guardian Information

Surname:	<input type="text"/>	Home Phone:	<input type="text"/>
1 <sup>st</sup> Name:	<input type="text"/>	Relation:	<input type="text"/>
Surname:	<input type="text"/>	Home Phone:	<input type="text"/>
1 <sup>st</sup> Name:	<input type="text"/>	Relation:	<input type="text"/>
Surname:	<input type="text"/>	Home Phone:	<input type="text"/>
1 <sup>st</sup> Name:	<input type="text"/>	Relation:	<input type="text"/>



# BDMHA PLAYER REGISTRATION FORM

2009-2010

### Canteen Duty:

Date:	D D / M M / Y R	Time:	H R : M M /	Manager's Initials		
Date:	D D / M M / Y R	Time:	H R : M M /	Manager's Initials		
Date:	D D / M M / Y R	Time:	H R : M M /	Manager's Initials		
Date:	D D / M M / Y R	Time:	H R : M M /	Manager's Initials		
Date:	D D / M M / Y R	Time:	H R : M M /	Manager's Initials		

### Canteen:

Date:	D D / M M / Y R	Amount:	\$	Remark	
Cheque #					

### OMHA Rep:

Date:	1 5 / 1 0 / 0 9	Fee:	\$	Amount	\$
Cheque #					

### Fundraising Rep:

Date:	D D / M M / Y R	Fee:	\$	Amount	\$
Cheque #					

### Registration:

1	0 1 / 0 9 / 0 9	Fee:	\$	Amount	\$
Cheque #					
2	0 1 / 1 0 / 0 9	Fee:	\$	Amount	\$
Cheque #					
3	0 1 / 1 1 / 0 9	Fee:	\$	Amount	\$
Cheque #					
4	0 1 / 1 2 / 0 9	Fee:	\$	Amount	\$
Cheque #					