

Registration Instructions for Previous Registrants

Welcome to Tavistock and District Minor Hockey's online registration process. The following pages are designed to provide any need assistance with the registration process. Follow the instructions shown in "Blue"

You must click on the registration link to the TDMHA homepage www.tavistockminorhockey.com in order to begin.

For those of you who used the online system last year, you will need to sign in using your email address and password.



TAVISTOCK



WELCOME!

Welcome to Tavistock Minor Hockey's online registration in conjunction with Hockey Canada and the Ontario Minor Hockey Association. Please be sure follow the registration instructions posted on the TDMHA home page. Please remember that "Registered" means an online registration has been completed and that payment has been forwarded to the TDMHA.

IF YOU HAVE NOT REGISTERED ANY PARTICIPANTS IN THE PAST WITH THIS SYSTEM,
[CLICK HERE TO CREATE AN ACCOUNT.](#)

BIENVENUE!

Un compte avec le système d'inscription en ligne de Hockey Canada est requis pour pouvoir inscrire vos enfants au hockey avec cette association. Si vous avez précédemment inscrit des enfants avec ce système pour quelque association, vous pouvez ouvrir une session avec votre compte ci-dessous.

SI VOUS N'AVEZ JAMAIS INSCRIT QUELQU'UN AUPARAVANT AVEC CE SYSTÈME,
[VEUILLEZ CLIQUER ICI POUR CRÉER UN COMPTE.](#)

Previous Users Sign in below :

Sign in here - Ouvrez une session ici:

Email - Courriel:

Password - Mot de passe:

Log In - Connexion

FORGOT YOUR PASSWORD? - VOUS AVEZ OUBLIÉ VOTRE MOT DE PASSE?

If you forgot the password you used last year, click on the "Forgot Your Password?" section highlighted in yellow and follow the instructions.



TAVISTOCK



P.O. Box 923
Tavistock, ON, N0B 2R0
tavihockey@yahoo.ca

HOME

Your Profile Info: [Edit](#)

Sidney Crosby en-CA

123 Maple Street

Anytown ON N0G1L0

Home Phone 555-555-555

Work Phone: 555-555-555

Welcome to your home page! You'll find your Shopping Cart and your Registration History below.

Your shopping cart contains all of your incomplete registrations. Your Registration History contains a list of persons you've registered in the past.

To obtain a receipt for a completed registration, please click on "Order History" above.

MY SHOPPING CART

MY REGISTRATION HISTORY

First Name	Last Name	Date of Birth	Gender	Association	Season	Registration Date	Division	Package	Net Total	Total	Action
Sidney	Crosby	01/01/1900	M	TAVISTOCK	2010-2011	09/02/2010	JUVENILE	JUVENILE REGISTRATION PACKAGE	\$585.00	\$585.00	Message

Print Receipt

Email Receipt

Register a Participant

CLICK ON REGISTER A PARTICIPANT



TAVISTOCK



STEP 1 OF 6: PARTICIPANT SELECTION

Your first step is to select the person (or participant) you would like to register. You can either:

- Register someone you've registered before in the past under "Previous Registrations" below
- Register a new person under "Register a new participant" below

PREVIOUS REGISTRATIONS

TO REGISTER SOMEONE YOU'VE REGISTERED IN THE PAST, CLICK ON THE "REGISTER AGAIN" BUTTON NEXT TO THEIR NAME. IF THE "REGISTER AGAIN" BUTTON IS NOT AVAILABLE, IT MEANS THAT EITHER THERE ARE NO REGISTRATION PACKAGES AVAILABLE FOR THAT PARTICIPANT OR THEY ARE OUTSIDE OF THIS ASSOCIATION.

First Name	Last Name	Date of Birth	Gender	Association	Last Registration Date	Actions
Sidney	Crosby	01/01/1900	M	TAVISTOCK	09/02/2010	Register Again

[CLICK ON REGISTER AGAIN](#)

REGISTER A PARTICIPANT



TAVISTOCK



STEP 2 OF 6: CHOOSE A REGISTRATION TYPE

Progress

First Name	SIDNEY
Last Name	CROSBY
Date of Birth	01/01/1900 (mm/dd/yyyy)
Registration Type	N/A
Division	N/A
Package	N/A

Please choose the type of registration you would like for this participant. [CLICK ON PARTICIPANTS](#)

[Participants](#)

[BACK](#)

[NEXT](#)

[CLICK ON NEXT](#)



TAVISTOCK



STEP 3 OF 6: DIVISION SELECTION

Progress

First Name	SIDNEY
Last Name	CROSBY
Date of Birth	01/01/1900 (mm/dd/yyyy)
Registration Type	Participants
Division	N/A
Package	N/A

Please select the Division in which you would like to register this participant.

Novice to Midget

[BACK](#)

[NEXT](#)

[CLICK ON NEXT](#)



TAVISTOCK



STEP 4 OF 6: REGISTRATION PACKAGE SELECTION

Progress

First Name	SIDNEY
Last Name	CROSBY
Date of Birth	01/01/1900 (mm/dd/yyyy)
Registration Type	Participants
Division	Juvenile
Package	N/A

Please choose a registration Package below.

Name	Description	
Juvenile Registration Package	Juvenile registration (includes sweater deposit)	SELECT

[CLICK ON SELECT](#)



TAVISTOCK



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STEP 5 OF 6: PARTICIPANT INFORMATION

Progress

First Name	SIDNEY
Last Name	CROSBY
Date of Birth	01/01/1900 (mm/dd/yyyy)
Registration Type	Participants
Division	Juvenile
Package	Juvenile Registration Package

Please fill in the information below.

PHYSICAL ADDRESS [[EDIT](#)] COMPLETE ANY INFORMATION AS REQUIRED

For this participant, the physical address has been pre-filled with the address you have provided on your account. Click on **Edit** above to edit the participant's address.

123 Maple Street

Anytown

ON

N0G1L0

Mailing Address *

Please select the type of address

By City Address

By Rural Route or PO Box Address

You must select an address type.

Parent/Guardian Address [[Add](#)]

If the Parent/Guardian address is different than the participant's address, click on **Add** above to add this address.

Parent/Guardian Address [\[Add\]](#)]

To add another Parent/Guardian address that is different than the participant's address, click on **Add** above to add this address.

PARENT/GUARDIAN ADDRESS [**ADD**]

To add another Parent/Guardian address that is different than the participant's address, click on **Add** above to add this address.

CONTACT INFORMATION

<input type="text"/>	<input type="text"/>	*
<input type="text"/>	<input type="text"/>	*
<input type="text"/>	<input type="text"/>	

Fill in the participant's contact information below. Only complete the mother, father, or guardian information if it is different from the participant's, unless they are marked as required (*).

	Home Phone	Work Phone	Extension	Cell Phone	Email
Participant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Denotes required information

EMERGENCY CONTACT INFORMATION

First Contact

First Name	<input type="text"/>	*
Last Name	<input type="text"/>	*
Contact Type	<input type="text"/>	*
Contact Info:	<input type="text"/>	*

Add Second Emergency Contact

* Denotes required information

POSITION

Please select the participant's desired position *

QUESTIONS (ANSWER QUESTIONS YES OR NO)

Please fill in and answer the following questions.

1. Are you interested in timekeeping? (You must be 12 years of age or older by December 31) *

2. Are you interested in refereeing? (You must be 14 years of age by December 31) *

3. Parent. Would you be interested in timekeeping? *

4. Parent. Would you be interested in helping with the Minor Hockey Parents group?

WAIVERS

Tavistock and District Minor Hockey Association Waiver

Tavistock and District Minor Hockey Association Waiver

1. I, the undersigned, certify the information on the registration form to be true and consent to the player (named below) participating in the hockey program of the TAVISTOCK AND DISTRICT MINOR HOCKEY ASSOCIATION - (hereafter referred to as TDMHA). I further agree to abide by and be subject to the constitution, by-laws, regulations, rules, and decisions of the TDMHA, the ONTARIO MINOR HOCKEY ASSOCIATION, and HOCKEY CANADA.

2. I, the undersigned, understand that hockey is a vigorous and physically demanding game in which injuries may occur. I hereby apply for registration of the below named player in the programs of the TDMHA, agreeing to accept the reasonable risk inherent in the game of hockey including the risk of serious personal injury. The undersigned, for himself, herself, themselves, their next of kin, executors, administrators assigns, hereby irrevocably releases the TDMHA, its officers, directors, coaches, assistant coaches, trainers, managers, referees, officials, servants agents, and employees from all manner of claims or causes by actions in any way related to personal injury or property damage sustained by the registered player and/or the undersigned in the

course of participating in, viewing, or traveling to or from any of the games or programs sanctioned by the TDMHA.

3. I, the undersigned, agree to abide by the following conditions of membership as set out by the TDMHA:

- a. The TDMHA reserves the right to refuse any person admission into the TDMHA.
- b. The TDMHA adheres to the age classification system approved by Hockey Canada. The formations of the TDMHA teams are based on this classification together with the player selection system.
- c. New registrants must provide the TDMHA with a true copy of their birth certificate at the time of registration.
- d. Players will, at all times, on and off the ice, conduct themselves in a sportsmanlike manner, according to the TDMHA Code of Conduct. Infractions of the rules may result in the imposition of severe penalties, including suspension from further play.
- e. All sweaters and goalie equipment issued by the TDMHA are the property of the TDMHA unless purchased from the TDMHA by the player.
- f. All players in the TDMHA must wear a CSA approved type helmet, which fastens under the chin, together with a CSA approved facemask. They must wear protective devices such as athletic supports with cups, shin guards, hockey gloves, neck/throat protectors, shoulder pads, elbow pads, kidney protectors, hockey pants, etc. In addition, goaltenders must wear an approved type of facemask, as well as an approved head and throat protector. Insurance is void if a player's helmet is removed while he/she is on the ice or on the bench.
- g. The responsibility for the transportation of players to and from the games or practices rests with the parents, under the direction of the team coach or manager.

I certify that I have read, understood, and declare my agreement with the foregoing declaration.

I Agree [CLICK ON I AGREE](#)

Hockey Canada Waiver

I, the undersigned certify the information to be provided to be true and in consideration of the granting of this registration to me with the privileges incident thereto, and by registering I have become subject to the rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. and I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions. Further, the information to be provided is required by Hockey Canada to facilitate hockey programs on behalf of the registrant and Hockey Canada. Hockey Canada will treat this personal information with the utmost respect and in accordance with the Hockey Canada Privacy Policy at all times.

Hockey Canada does not sell, trade or otherwise share the information we collect outside our Branches

and Associations however we may from time to time use this information for the purposes of offering additional services, promotions, including promotions offered by third parties, and/or hockey specific research. This type of usage of your personal information by Hockey Canada, its Branches and/or associations is entirely at your discretion, should you choose to allow this type of usage please check the box here:

I Agree [CLICK ON I AGREE](#)

Fees

Click the checkbox next to the optional fees to select them. Your total will then be adjusted.

Select	Fee Title	Amount
	Fundraising Fee	\$30.00
	Juvenile Registration Fee	\$475.00
	Juvenile - Sweater Deposit	\$100.00
<input type="checkbox"/>	Season's Pass	\$35.00
<input type="checkbox"/>	Two (2) Season's Passes	\$70.00
<input type="checkbox"/>	Three (3) Season's Passes	\$105.00
<input type="checkbox"/>	Four (4) Season's Passes	\$140.00

Your total is:

[Click on "Review" below to review your registration prior to checking out.](#)

[Back](#)

[Review](#)



TAVISTOCK



STEP 6 OF 6: PARTICIPANT'S REGISTRATION REVIEW

Progress

First Name	SIDNEY
Last Name	CROSBY
Date of Birth	01/01/1900 (mm/dd/yyyy)
Registration Type	Participants
Division	Juvenile
Package	Juvenile Registration Package

Please review your registration below and select ""Checkout" or "Add to Cart" to continue. Or click the Back button to revise your registration.

PARTICIPANT SUMMARY

Physical Address	123 Maple Street, ANYTOWN, ON, N0G1L0
Mailing's Address	123 Maple Street, ANYTOWN, ON, N0G1L0
Player's Home Phone	5195555555
Father's Name	Sam Crosby
Father's Home Phone	5195555555
Mother's Name	Mary Crosby
Mother Home Phone	5195555555
Emergency Contact #1	Crosby, John; Home : grandfather

QUESTIONS AND WAIVER SUMMARY

Tavistock and District Minor Hockey Association Waiver	Yes
Hockey Canada Privacy Policy	Yes
Are you interested in timekeeping? (You must be 12 years of age or older by December 31)	No
Are you interested in refereeing? (You must be 14 years of age by December 31)	No
Parent. Would you be interested in timekeeping?	No
Parent. Would you be interested in helping with the Minor Hockey Parents group?	No

FEES

Fee Title	Amount
Fundraising Fee	\$30.00
Juvenile Registration Fee	\$475.00
Juvenile - Sweater Deposit	\$100.00
Your total is	\$605.00

Your total is	\$605.00
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[Back](#) [Checkout](#) [Add to Cart](#) *

- **If you would like to register someone else before checking out, click "Add to Cart" to confirm this registration and register another person**



TAVISTOCK



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CHECKOUT

Please choose your method of payment below.

- Cheque
- Money Order
- Other

[Back](#) [Next](#) **Click on Next**



TAVISTOCK



: Your transaction was successful. Thank you for your registration.

Invoice #: 6054477

Status: Closed CartGuid: dec04f4e-a134-4a76-ae4a-a621f624b0d2

First Name	Last Name	Date of Birth	Gender	Association	Season	Registration Date	Division	Package	Net Total	Total
SIDNEY	CROSBY	01/01/1900	M	TAVISTOCK	2010-2011	06/08/2011	JUVENILE	JUVENILE REGISTRATION PACKAGE	\$605.00	\$605.00

[Print Receipt](#)

[Email Receipt](#)

REGISTRATION IS NOW COMPLETE. MAIL OR DROP OFF YOUR CHEQUE BY THE DEADLINE.

