**Name of Player: Date of Birth:**

**Name of Parent(s):**

**Contact Information:**

Parent 1. Phone: e-mail:

Parent 2: Phone: e-mail:

Address:

**Ravens Teams/Programs Player has played on:**

|  |  |
| --- | --- |
| **Team** | **Season** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Player (as appropriate) and Parent Volunteer Activities within WGMHA** (e.g. Fall Challenge Cup, committee work; team functions etc.):

|  |  |  |
| --- | --- | --- |
| **Parent Name** | **Activity** | **Season** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

**Player (as appropriate) and Parent Leadership Activities within WGMHA** (e.g. coaching staff, chairing committee, Board member etc.)

|  |  |  |
| --- | --- | --- |
| **Parent Name** | **Activity** | **Season** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

We (I) confirm that we (I):

* have read and understand WGMHA Policy MO-06-07 Non –Resident Status;
* agree to continue to demonstrate commitment to WGMHA;
* agree to continue to volunteer to help support WGMHA activities;
* understand that we (I) will be required to pay the additional “out of town” registration fees; and
* understand that should our/my daughter leave WGMHA to play for another Association and then wish to return to WGMHA she will be considered an Import and be subject to the Import Player and Non-Waterloo Resident policies in effect at that time.

Date: Date:

Name: Name:

Please return completed forms to Director Concerns and Support at [directorconcerns@waterlooravens.com](mailto:directorconcerns@waterlooravens.com)