

# RMHA MAIL IN REGISTRATION FORM FOR SPECIAL NEEDS PLAYERS

New players must include a copy of the players Birth Certificate

COMPLETE THIS FORM AND MAIL OR DELIVER TO:  
RMHA Registrar; 367 Betty Dr; Windsor ON; N8S3W9  
Or scan / email the form to [amschofield22@gmail.com](mailto:amschofield22@gmail.com)

## PLAYER INFORMATION:

First Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Note: Special

Needs registration is limited to players aged 12yrs and older.

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## HAVE YOU PLAYED HOCKEY ANYWHERE OTHER THAN RIVERSIDE IN THE PAST?

If YES please indicate where in the space below and note that your registration will be delayed while Hockey Canada initiates a profile transfer. If NO then proceed to next section.

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## PARENT / GUARDIAN INFORMATION: (ONLY for NEW players)

Full Name: \_\_\_\_\_ Contact Phone number: \_\_\_\_\_

Address: (only if different from above)

EMAIL: (mandatory) \_\_\_\_\_

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## PLEASE PROVIDE A GENERAL OVERVIEW OF YOUR PLAYERS REQUIREMENTS AS IT RELATES TO SPECIAL NEEDS PROGRAMMING:

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## PAYMENT METHOD: COST IS \$460 WITH NO ADDITIONAL DISCOUNTS AVAILABLE.

If paying CASH please email [amschofield22@gmail.com](mailto:amschofield22@gmail.com) to make arrangements. **CASH payments must be made in full.**

Credit card payments please provide information below:

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

CVV (Security code) number: \_\_\_\_\_

NOTE: IF YOU WISH TO TAKE ADVANTAGE OF THE APPLICABLE CREDIT CARD PAYMENT PLAN PLEASE CHECK THIS BOX