

ONTARIO RINGETTE ASSOCIATION ADULT INDEPENDENT PLAYER REGISTRATION FORM

Name:	ORA Number:
Address:	City:
Postal Code:	Date of Birth:
E-mail:	Phone:

You are registering as an independent adult player with ORA – fill out and submit this form, along with a cheque for the appropriate registration fee, and mail it in to ORA office before participating for registration to be complete.

□ \$40.00 Registering solely as a player

□ \$35.00 Registering as a player but elsewhere as a coach or official

Please indicate the region in which you reside:

Eastern		Central	Western	Southern	North Eastern
North West	ern				

I, the undersigned, in registering with the Ontario Ringette Association as an Independent adult player, agree to abide and be governed by all prescribed by-laws, rules, regulations, policies, principles and philosophies as outlined in the Corporation's Operating Manual, as posted on the Ontario Ringette Association website.

Applicant	Consent	:_
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Date: ____

If this document is submitted online, the person submitting consents to abide by the above stated agreement.