VANCOUVER MHA
3350 VICTORIA DR, VANCOUVER, BC V5N 4M4
http://www:vmha.com **Phone: 604-255-0612 Fax: 604-255-0619**
Info:info@vmha.com

PLAYER APPLICATION TO REGISTER FORM

Name : _____

member's address: _____

_____

VANCOUVER, BC _____

Home phone: _____

Preferred email address: _____
(***PRINT CLEARLY)***

Date: _____
Year: _____
Division: _____
(H1, H2, H3, H4, Atom, Pee Wee, Bantam, Midget, Juvenile

Hockey ID: _____
Date of Birth (YYYY-MM-DD): _____
Health Insurance No: _____
Citizenship _____
Allergies _____
Dr's Name: _____

Player Information

Playing position: **PLAYER GOALTENDER** ***Shoots:*** ***Left*** _____ ***Right*** _____ ***Gender:*** ***Male:*** _____ ***Female*** _____

Last year's team ***Rep Try Out*** ***Yes / No*** ***Position:*** _____ ***Hitting*** ***Non Hitting***

Father's name:		***Mother's name:***	
Address:		***Address:***	
City:	VANCOUVER	***City:***	VANCOUVER
Postal code:	***Home ph:***	***Postal code:***	***Home ph:***
Work ph:	***Cell ph:***	***Work ph:***	***Cell ph:***
E-mail:		***E-mail:***	

Person to contact in case of accident or emergency, if parent not available:

Name: _____ ***Phone:*** _____

CONDITIONS

By signing this document I agree to abide by the rules and regulations, and decisions and all duly approved amendments thereto of Hockey Canada, it's Board of Directors, its Branches and /or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. Further, the information requested above 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. All registrations are subject to review by the Registrar and no registration will be approved until all fees are paid and required documentation is received. Registration is undertaken with the understanding that additional team fees and/or fundraising may be required depending on the level of play.

Guardian's Name (print): _____ ***Player's Name (print):*** _____
(only if over 18 yrs old)

Guardian's signature: _____ ***Player's signature:*** _____

Date: _____ ***Date:*** _____

For Office Use Only

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NEW PLAYERS: (Copy of)	Parent Decl.	Utility Bill
Birth Certificate	Health Care:	
Conduct Code	DOR	Jersey Deposit

Fee Description	***Amount***	***Date***	***Method – Cash Cheque Money Order Credit Card or ?***
			Chq #
Total:			