



SOOKE MINOR HOCKEY – 2007/08 New Player Registration Certificate

DIVISION: Initiation Atom Pee Wee Bantam Midget Juvenile
 Novice Atom Girls Pee Wee Girls Bantam Girls Midget Girls

PLAYER IDENTIFICATION

Last Name	First Name	Age	Date of Birth (DD/MM/YY)
Street Address	City	Postal Code	Gender

MEDICAL INFORMATION

Care Card Number	Doctor's Name	Doctor's Telephone
List any and all medical conditions including allergies:		
List any medication(s) taken regularly:		

CONTACT INFORMATION

Parent/Guardian (1) – Must reside at player(s) address above

Last Name	First Name	Relationship
Home Telephone	Work/Cell	Email

Parent/Guardian (2)

Last Name	First Name	Relationship
Home Telephone	Work/Cell	Email

Emergency Contact

Last Name	First Name	Telephone
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PLAYER HISTORY (Last 2 Seasons):

Year	Association	Division	Tier (eg: A, B C+, C-, or ?)

SIGNATURE and WAIVER:

I, the undersigned, being the parent or guardian of the above player, do hereby acknowledge on behalf of myself and the said player the authority of Hockey Canada, BC Amateur Hockey Association (BCAHA), Vancouver Island Minor Hockey Association (VIAHA) and Sooke and district Minor Hockey Association (SMHA) and agree to carry out and abide by the Constitution, By-Laws, Rules and Regulations of those associations.

EQUIPMENT: At the end of the season covered by this registration, I, on behalf of myself and the above player, agree to return all equipment provided by SMHA in good condition and should I fail to do so I agree to reimburse SMHA for the replacement cost of same.

REFUNDS/PAYMENT: I hereby acknowledge that SMHA is not obligated to refund any portion of a player's registration fee unless the player is unable to participate due to medical reasons verified by a Physician's Certificate. Refunds shall be calculated on a prorated basis, however, a non refundable Administration Fee to cover Insurance and Carding shall be retained by SMHA. I further understand that accounts not in good standing at the commencement of the 07-08 playing season may render player(s) ineligible for participation in hockey programs.

PERSONAL INFORMATION PRIVACY ACT: Collection of personal information on this form is required for the operation of hockey programs as set forth by SMHA, VIAHA, BCAHA and Hockey Canada and is subject to disclosure rules set forth in the British Columbia Personal Information Privacy Act (PIPA). Supply of personal information is voluntary, however, SMHA may be unable to process player registrations wherein personal information is incomplete. Questions and/or concerns regarding the collection and use of personal information can be directed to the Registrar or President of the SMHA. I, on behalf of myself and the above player, hereby acknowledge that certain information contained in this registration form may be provided to SMHA committee members, coaches and team managers for purposes related to the operation of hockey programs. I further acknowledge that certain personal information may be provided to VIAHA, BCAHA and Hockey Canada to facilitate regional, provincial or national components of the hockey program.

WAIVER AGREEMENT: I, the undersigned, being the parent or guardian of the above player, do hereby on behalf of myself and the said player, release and forever discharge the SMHA, their coaches, assistances, directors, servants, employees and voluntary workers from any and all claims whatsoever, either past, present, or future, whether involving negligence or not, arising out of or in any activities of the SMHA, their coaches, assistants, directors, servants, employees and voluntary workers with respect to any claim, demand, action, or cause of action arising from the activities of the SMHA.

SIGNATURE of PARENT/GUARDIAN: _____

Date Signed: _____