

# Sicamous & District Minor Hockey Association

## Registration Form

Season: _____	Association & Division Played Last Season: _____
Division: _____	

<u>PLAYER INFORMATION</u>	
Player Name: _____	Birthdate: _____ (MM/DD/YYYY)
Physical Address: _____	Mailing Address: _____
Parents Names: _____	Cell #: _____ Work #: _____
	Cell #: _____ Work #: _____
Parents Email #1: _____	Email #2: _____
Emergency Contact Name: _____	Phone #: _____
	Relationship to Player: _____
<u>MEDICAL INFORMATION</u>	
Medical #: _____	Doctor: _____
	Phone #: _____
Check any Disabilities or Medical Conditions: Asthma ___ Diabetes ___ Heart ___ Epilepsy ___ Headaches ___	
Seizures ___ Blackouts ___ Chest Pain ___ Glasses/Contacts ___	
List any allergies or medical conditions: _____	
(Write on back if necessary) _____	
List any and all medications taken on a regular basis: _____	

***PLEASE NOTE THAT AN ADDITIONAL FEE OF \$100.00 (Above The Regular Registration Fee) WILL BE CHARGED TO REP/DEVELOPMENT TEAM PLAYERS.***

**SIGNATURE & WAIVER:**

We hereby acknowledge the authority of the CHA, BCAHA, PCAHA and the SICAMOUS & DISTRICT MINOR HOCKEY ASSOCIATION and agree to carry out and abide by the Constitution, Bylaws, Rules and Regulations of those associations.

**RELEASE:**

In consideration of this application to play under the auspices of the Sicamous & District Minor Hockey Association (SDMHA), I do hereby for myself, heirs and executors, remise release and forever discharge the CHA, BCAHA, PCAHA, SDMHA, their directors, officers and officials or anyone acting on their behalf from any and all manner of litigation, damage claims, or demands in law or equity which I may have or acquire by reason of personal injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of the SDMHA.

**EQUIPMENT:**

I agree to return all equipment provided by SDMHA promptly and in good condition. Should I fail to comply, I agree to reimburse the SDMHA for replacement cost of the same equipment.

**POSITIONS:**

In order to provide a quality experience for your child and for the association to operate successfully, a significant amount of parent participation is required. Please indicate below which position(s) you can assist in.

Coach: \_\_\_\_\_ Asst Coach: \_\_\_\_\_ Manager: \_\_\_\_\_ Team Mom/Dad: \_\_\_\_\_ Director: \_\_\_\_\_

**SIGNATURES - PLAYER: \_\_\_\_\_ GUARDIAN: \_\_\_\_\_**