

## PLAYER REGISTRATION FORM

<b>Treaty #:</b> _____		<b>AHC #:</b> _____	
<b>Gender (check one)</b>			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Circle Category: Midget   Bantam   Pee Wee   Atom	
<b>Player Information:</b>			
<b>Name:</b>		<b>Date of Birth</b>	
First _____	Last _____	DD / MM / YY _____	
<b>Cell/Phone #:</b> _____		<b>E-mail:</b> _____	
<b>Address:</b>			
Street _____		City _____	Postal Code _____
<b>Hockey Experience:</b>			
<b>Position (check one)</b>			
Centre <input type="checkbox"/>	Forward <input type="checkbox"/>	Defense <input type="checkbox"/>	Goalie <input type="checkbox"/>
<b>Number of Years Player has played organized hockey:</b> _____			
<b>Level play at this season circle:</b>			
AAA	AA	A	T1   T2   T3   T4   T5   T6   T7
<b>Parent and/or Guardian Information:</b>			
<b>Mom's or Guardian 1</b>		<b>Dad's or Gaurdian 2</b>	
<b>Name:</b>		<b>Name:</b>	
First _____	Last _____	First _____	Last _____
<b>Contact #</b> _____		<b>Contact #</b> _____	
<b>E-mail:</b> _____		<b>E-mail:</b> _____	
<b>Waivers:</b>			
I acknowledge that I am aware that Alberta Native Hockey does not screen or do criminal background checks on the instructors and camp staff as we believe parents should be present in the facility and I agree it is my responsibility to ensure I check into their background of my child's activities for the safety of my child.			
<b>Parent/Guardian Signature</b> _____		<b>Date:</b> _____	
<b>Parent/Guardian Name Printed:</b> _____			
Acknowledging participation in hockey carries with it a risk of physical injury, I agree that Team Alberta Hockey Program its agents and employees shall not be liable to my child or me for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in any and all Team Alberta Hockey programing at any time preceding, during or after program is in session and hereby discharge Alberta Native Hockey, its agents and employees from all actions, claims, and demands may child or I may have for any such injury or damage.			
<b>Parent/Guardian Signature</b> _____		<b>Date:</b> _____	
<b>Parent/Guardian Name Printed:</b> _____			

