

**PENTICTON MINOR HOCKEY ASSOCIATION**  
**2017-2018 Application for Membership**

<b>Please Print</b> <b>PLAYER INFORMATION</b>	<b>PARENT/GUARDIAN</b>	
<b>PLAYER</b>	<b>FATHER</b>	<b>MOTHER</b>
LAST NAME	LAST NAME	LAST NAME
FIRST NAME	FIRST NAME	FIRST NAME
DATE OF BIRTH (Month – Day- Year) <i>New registrants must supply copy of birth certificate</i>	HOME & CELL PHONE NUMBER	HOME & CELL PHONE NUMBER

E-MAIL ADDRESS: **\*NOTE\*** Must be included to receive Hockey Canada Registry tax receipt via email.

<b>PREVIOUS ASSOCIATION</b> If not <i>Penticton MHA</i> , refer to "Registration & General Info". Scroll down to "transfer players" as further documentation must be provided with reg form. Items will be returned if documentation items are missing.	<b>TEAM</b>	<b>NUMBER OF YEARS PLAYING</b>	<b>PREFERRED POSITION</b> FORWARD DEFENCE GOAL	<b>SHOT (CIRCLE)</b>  L R
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**OFFICE USE ONLY**

Check if new address      **FEMALES ONLY:**    Female Team    Mixed Team    Dual Roster add \$250

GENDER (CIRCLE)    Male    Female	ADDRESS SAME AS PLAYER <input type="checkbox"/>	ADDRESS SAME AS PLAYER <input type="checkbox"/>
HOME PHONE NUMBER	OR:	OR:
MAILING ADDRESS	ADDRESS	ADDRESS
RESIDENTIAL ADDRESS	CITY/TOWN	CITY/TOWN
CITY/TOWN	POSTAL CODE	POSTAL CODE
POSTAL CODE	(WORK) PHONE NUMBER	(WORK) PHONE NUMBER

**SIGNATURE AND WAIVER:**  
 We herby acknowledge the authority of Hockey Canada, BCAHA, OMAHA and PMHA, and agree to carry out and abide by the Constitution, Bylaws, Rules, Guidelines and Regulations of those Associations. Upon registration of child, parents &/or legal guardians are members of PMHA & eligible to vote at PMHA AGM & volunteering expected during game, practice & tournaments.

**RELEASE:**  
 In consideration of this application to play under the auspices of Penticton Minor Hockey Association, I hereby for myself, heirs, executors, administrators and assigns, remise, release and forever discharge Hockey Canada, BCAHA, OMAHA, Penticton Minor Hockey Association its officers, or anyone acting on their behalf from any manner of litigation, damage, claims, or demands in law or equity which I may have or acquire by reason of person injury, loss or damage to property, which may occur during or by reason of participation in the activities of Penticton Minor Hockey Association. I/We grant PMHA permission to publish name/photo of players for advertising purpose and agree to receive electronic notices/advertisements.

**EQUIPMENT:**  
 I/We, at the end of the season covered by this registration, agree to return all equipment provided by Penticton Minor Hockey Association in good condition and should we fail to do so we agree to reimburse the Penticton Minor Hockey Association for the replacement of same.

SIGNATURE:

DATE:

**Mandatory Parent RIS**    Check if one or more parent/guardian has completed the Parent Respect In Sport (RIS)

<b>Player Name:</b>	<b>Received payment from:</b>	<b>Date received:</b>
<b>Basic Fee</b> Atom (2007/2008), Pee Wee (2005/2006), Bantam (2003/2004), Midget (2000/2001/2002)		\$395
<b>Basic Fee</b> Initiation (born 2011/2012) & Novice (born 2009/2010)		\$320
<b>Basic Fee</b> Mini Vees (born 2013)		\$125
<b>Add</b> (Optional) Atom Dev, PeeWee, Bantam, Midget Rep Tryouts	<i>*Aug 28- Sept 10</i> <i>*Non-refundable</i>	\$150
<b>Add</b> Late Fee Surcharge per family unit (siblings)– <b>After June 30<sup>th</sup></b>	(First time registrants exempt)	\$100
<b>Subtract</b> Credit Vouchers (Please attach) & KidSport Funding	<i>*Cash not accepted</i>	\$
<b>Total Fee Paid</b>	PMHA Signature:    MONEY ORDER    CHEQUE    PAYPAL	Total

Sign & complete Registration & Medical Forms. Incomplete forms or no payment will NOT be processed. They will be returned.

**MEDICAL INFORMATION**

<b>PLAYERS NAME</b>		<b>BIRTHDATE (Month – Day – Year) &amp; BC CARE CARD #</b>	
PARENT/GUARDIAN	PHONE NUMBER	PARENT/GUARDIAN	PHONE NUMBER
EMERGENCY CONTACT	PHONE NUMBER	ALTERNATE EMERGENCY CONTACT	PHONE NUMBER
DOCTOR NAME		DENTIST NAME	

PLEASE INDICATE MEDICAL PROBLEMS THAT WOULD INTERFERE WITH PARTICIPATION ON A HOCKEY TEAM (ALERGIES, CONCUSSIONS, Etc.)

*In the event of a medical emergency, I hereby consent to the release of information in this medical information section to an authorized medical professional so that he/she may start an examination on the above player in my absence.*

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*PMHA is volunteer based. Parents/Guardians are expected to volunteer for tournament, concession, etc., as required.*

*Are you, or anyone in your family, available to volunteer as: Team Head Coach \_\_\_\_\_ Asst. \_\_\_\_\_ Safety Person \_\_\_\_\_ Manager \_\_\_\_\_?*

*All volunteers must submit an online Criminal Record Check. Refer to the "FORMS" tab for online application.. Volunteers are not permitted on ice/bench until this is submitted. See "PMHA Screening Policy" under Info/Guidelines.*

**FAIR PLAY CODE – PARENT / GUARDIAN**

**It is the intention of this contract to promote fair play and respect for all participants within the Association. The parents shall sign this pledge before their child participates in hockey and must continue to observe the principles of Fair Play.**

- I will not force my child to participate in hockey
- I will remember that my child plays hockey for his or her enjoyment, not mine.
- I will encourage my child to play by the rules and to resolve conflict without resorting to hostility or violence.
- I will teach my child that doing one's best is as important as winning so that my child will never feel defeated by the outcome of the game.
- I will make my child feel like a winner every time by offering praise for competing fairly and hard.
- I will never ridicule or yell at my child for making a mistake or losing a game.
- I will remember that children learn by example. I will applaud good plays and performances by both my child's team and their opponents.
- I will never question the official's judgment or honesty in public. I recognize officials are being developed in the same manner as players.
- I will support all efforts to remove verbal and physical abuse from hockey games.
- I will respect and show appreciation for the volunteers who give their time to hockey for my child.

**I have read, understand, and agree to abide by, the principles of the FAIR PLAY CODE as set by the Canadian Hockey Association and adopted by Penticton Minor Hockey. I also agree to abide by the rules, regulations, and decisions, as set forth by Penticton Minor Hockey.**

X \_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE DATE

X \_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE DATE

**FAIR PLAY CODE – PLAYER**

**It is the intention of this contract to promote fair play and respect for all participants within the Penticton Minor Hockey Association. All players must sign this contract stating that they will observe the principles of the Fair Play Code before being allowed to participate in hockey.**

- I will play hockey because I want to, not because others or coaches want me to.
- I will play by the rules of hockey and in the spirit of the Game.
- I will control my temper - fighting or "mouthing-off" can spoil the activity of everyone.
- I will respect my opponents.
- I will do my best to be a true team player.
- I will remember that winning isn't everything - that having fun, improving skills, making friends doing my best are also important.
- I will acknowledge all good plays and performances - those of my team and my opponents.
- I will remember that coaches and officials are there to help me. I will accept their decisions and respect them.

**I have read, understand, and agree to abide by, the principles of the FAIR PLAY CODE as set by the Canadian Hockey Association and adopted by Penticton Minor Hockey Association. I also agree to abide by the rules, regulations and decisions as set by the Team, and Penticton Minor Hockey.**

X \_\_\_\_\_  
PLAYERS SIGNATURE (all players must sign) DATE

**Sign & complete Registration & Medical Forms. Incomplete forms or no payment will NOT be processed. They will be returned.**