

**Princeton & District Minor Hockey Association**

**PO Box 325**

**Princeton, BC V0X 1W0**

**REGISTRATION FORM**

2017/2018 Season

Division:	Fees Payable:	Down Pmt:	Total Owing:
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Player Name:	Parent/Guardian Name(s):
Date of Birth:	
Gender: Male Female	Phone Number (H):
Care Card Number:	Phone Number (W):
Mailing Address:	Phone Number (C):
	Phone Number of Child (If different):

EMERGENCY CONTACT INFORMATION		
CONTACT NAME	RELATIONSHIP	PHONE NUMBER(S)

<b>PLAYER HISTORY</b> (ie: Number of years in minor hockey, last level played)

<b>BEHAVIOURS, CONCERNS, or PROBLEMS</b> (ie: Attention Deficit Disorder, Depression, Hyper activity)

I/We hereby acknowledge the authority of the CHA, BCAHA, OMAHA and PMHA and agree to carry out and abide by the Constitution, Bylaws, Rules and Regulations of those associations. I/We, at the end of the season covered by this registration, agree to return all equipment provided by PMHA in good condition and should I/We fail to do so, I/We agree to reimburse the Association for the replacement cost for the same. In consideration of this application to play under the auspices of PMHA, I do hereby for myself, heirs, executors, administrators and assigns remise release and forever discharge the CHA, BCAHA, OMAHA, PMHA, its officers, or anyone acting on their behalf from 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 Association.

I/we hereby consent for the publication of my child's name, photograph and comments for the purpose of tournament programs, news media or a possible web site connected to PMHA.

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Signature of Player

Signature of Parent

**PLEASE RETURN REGISTRATION FORM ASAP**

**PAYMENT DUE IN FULL BEFORE PLAYER STEPS ON THE ICE**

**\*EARYL REGISTRATION DISCOUNT CUT OFF IS AUGUST 15, 2017\***