

SAMHA Contact Information:
Mailing Address
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Salmon Arm BC, V1E 4R3
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Administrator: Roy Sakaki



Hockey Canada Registered PLAYER WISHING to PRACTICE with a SAMHA TEAM (CONSENT FORM)

THIS IS TO CERTIFY THAT:

This Section to be completed by the Player

(Player's name)

DOB:

(dd/mm/yyyy)

WILL BE PARTICIPATING WITH

(Requesting Team Name)

Signature: _____

Player must sign

Date: _____

(dd/mm/yyyy)

Coach of Players Current Team

I, _____ of the _____

Coach

Current Hockey Association Name

Current Team

Acknowledge the above named player will participate in a **Practice Only** Player on the above named team.

Signature: _____

Coach

Date: _____

(dd/mm/yyyy)

Parent/Guardian Consent

I, _____ hereby give consent for

Parent/Guardian

This player to participate as a Hockey Canada Registered Player on the above named team.

Signature: _____

Parent/Guardian

Date: _____

(dd/mm/yyyy)

Salmon Arm Minor Hockey

Signature: _____

Must be approved by SAMHA administrator or Board President

Date: _____

(dd/mm/yyyy)

This Player is allowed to **practice only** with the above listed team. The player **cannot** play any games where an official will be refereeing even if its an exhibition or just for fun.

Completed form must be kept with SAMHA

www.salmonarmminorhockey.com

SAMHA 2016/17 DRT