

**ST. ALBERT MINOR HOCKEY ASSOCIATION**

PO BOX 47, St. Albert, Alberta T8N 1N2
 PHONE (780) 459-4052 FAX (780) 459-4996
www.samha.ca

Intro to Hockey \$250.00
Novice (2009-2010) \$665.00
Peewee (2005-2006) \$765.00
Midget (2000-2001-2002) \$765.00

Initiation (2011-2012) \$530.00
Atom (2007-2008) \$715.00
Bantam (2003-2004) \$765.00

****Please note these fees do not include tryout or late fees, for a full list of registration fees, please see the website ****

Player's Name: _____

Player's Address: _____

City: _____ Postal Code: _____

Home Phone: _____

2017 - 2018 Season

Date of Birth: _____
 (yyyy-mm-dd)

Email Address: _____

Respect in Sport – Parent #: _____

Position:	Shoots: R <input type="checkbox"/> L <input type="checkbox"/>	Import/No n Resident	Gender:	Intro to Hockey Session:	If you are a female player will you be playing:
	Club/REP Tryouts:		M <input type="checkbox"/> F <input type="checkbox"/>	Fall <input type="checkbox"/>	Coed <input type="checkbox"/>
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		Winter <input type="checkbox"/>	Female only <input type="checkbox"/>

Last Year's Team:

Mother's Name _____

Father's Name _____

Address: _____

Address: _____

City: _____

City: _____

Postal Code: _____ **Cell Phone:** _____

Postal Code: _____ **Cell Phone:** _____

Home Phone: _____ **Work Phone:** _____

Home Phone: _____ **Work Phone:** _____

Emergency Contact Name: _____

Phone: _____

**Parent/Guardian's
Name (print):** _____

**Parent/Guardian's
Signature:** _____

Player's Name (print): _____

(only if over 18 yrs old)

Player's Signature: _____

Date: _____

Date: _____

For Office Use Only

Registration Requirements						
PIPA	PV Form	PTT Form	Release	Birth Certificate	NTTO	Rep/Club Form
Parent Decl.	D/L	Utility Bill	Reg Form	Player Movement	Other	

Fee Description	Amount	Date	Payment Amt	Method
Registration Fee			1	
Late Fee			2	
Try Out Fee C R			3	
Other			4	

Notes: _____

Receipt # _____

Conditions

Hockey Alberta and its Local Minor Hockey Associations (LMHA) recognize and agrees to abide by Hockey Alberta and its LMHA and CHA constitution, their regulations, their playing rules and all duly approved amendments thereto. Every member recognizes Hockey Alberta and its LMHA as being the sole organization entrusted with the management and organization of hockey throughout the territory of Hockey Alberta and its LMHA. Every Hockey Alberta and LMHA member recognizes that all information provided herein is true and valid. Any false information provided herein may lead to the application of sanctions as provided in various regulations. **All registrations are subject to review by the Registrar and no registration will be approved until all fees are paid and required documentation is received. Registration is undertaken with the understanding that additional team fees and/or fundraising may be required depending on the level of play.**



PARENT DECLARATION FORM

TO: The Local Minor Hockey Association (c/o Registrar) in which the Player will be registering.

Dear Sir/Madam,

I/We _____ parent(s) of Player _____,

(Player's) date of birth ____/____/____
(dd) (mm) (yyyy) hereby declare that I/We have established our permanent residence at the following location:

Address: _____ City / Town: _____
(New Residence)

Legal Land Description: _____

Postal Code: _____ Phone: _____ E-Mail: _____

Mailing Address: _____
(If Different from Above)

We have resided at the above (new) address since: ____/____/____
(mm) (yyyy)

Our former address was:

Address: _____
(Former Residence)

City / Town: _____

Legal Land Description: _____

Postal Code: _____ Phone: _____ E-Mail: _____

Mailing Address: _____
(If Different from Above)

Yours truly,

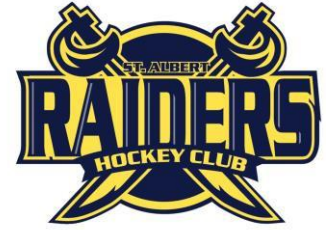
Signature of Parent(s) Date: ____/____/____
(dd) (mm) (yyyy)

Conditions:

1. "Parent Declaration Form" is the designated Hockey Alberta form used by Players whose parent(s) change residence in situations where the Player continues to reside with the parent.
2. A Player's residence shall be determined by reference to the residence of his or her parents/legal guardians (as defined in Hockey Canada Regulation F3). (See Hockey Alberta Regulation 6.2)
3. A Player may not register in another Local Minor Hockey Association that is of the same Category as or a lower Category than the Local Minor Hockey Association in which the Player resides. (See Hockey Alberta Regulation 3.6 – exceptions apply.)
4. Hockey Alberta reserves the right to request proof of residency documentation in accordance with Hockey Canada Regulation F3 requirements.
5. Falsification of any information may result in discipline as per Hockey Canada / Hockey Alberta regulations.



**ST.ALBERT MINOR HOCKEY ASSOCIATION/
RAIDERS HOCKEY CLUB
PERSONAL INFORMATION PROTECTION ACT
NOTICE AND CONSENT**



PLAYER (print name)

BIRTH DATE

The Purpose of this notice and consent is to inform you of the use to which players' personal names, data and identification, pictures, photos, images, game and other videography, and game information and game statistics, will be made and to obtain your consent for such use.

1.This player information is collected and maintained so as to properly coordinate and operate the St. Albert Minor Hockey/Raiders Hockey Club program and is also provided to Hockey Alberta and Hockey Canada and any league the player's team plays in, for registration, insurance purposes, the recording statistical information and for all hockey related purposes and for use on all of their websites and social media.

2. Player information, names, data, photos, images, game and other videography, and comments may also be used in team or league newsletters, websites, social media, and annual reports and in St. Albert Minor Hockey Association/Raiders Hockey Club and Hockey Alberta reports, communications and correspondence and for use on web sites, radio, newspaper and other hockey or local publications or social media.

3. Individual and team photos may be taken and displayed in the local newspaper, websites, social media, in local arenas and in the offices of St. Albert Minor Hockey Association and in yearbooks and other reports, on websites and social media, and in advertisements prepared by St. Albert Minor Hockey Association/Raiders Hockey Club.

4. Such player information, including names and parents/guardians telephone, e-mail and other information, may be used for the purposes of St. Albert Minor Hockey Association/Raiders Hockey Club team and league communication, educational or training purposes, communication to junior leagues, communication with media and for all transportation matters.

5. Such player information may be included on lists for the purposes of team placement and for tracking player statistics by the team, leagues, St. Albert Minor Hockey Association/Raiders Hockey Club, and Hockey Alberta and such statistics and player information may be displayed on their websites or social media.

6. St. Albert Minor Hockey/ Raiders Hockey Club does not have any control over, or responsibility for, individual teams or players use of their own websites and social media. Each parent/guardian and player is solely responsible for their own activity and conduct on such websites or social media

7.This Consent shall remain in force for as long as the Player is a member of St. Albert Minor Hockey Association and need only be signed once.

I hereby consent to the above:

Signature of Parent/Guardian

Date

Parent/Guardian (print name)



HOCKEY ALBERTA

Minor Hockey Player Movement Form

PROCESS FOR PLAYER MOVEMENT REQUESTS

The following is the detailed process for a minor hockey player / family to follow when requesting permission for Player Movement.

- Completely fill out a Player Movement Form (attached) and submit it to your Resident LMHA for approval (the President's signature confirms approval).
- If your Resident LMHA does not sign the forms, request a written response from your Resident LMHA stating their decision and why they made it.
- If you wish to proceed, you must then appeal to your Resident LMHA through the appeal process identified within their Bylaws & Regulations.
- Your Resident LMHA will either hear and adjudicate on your appeal or inform you that they have no appeal process.
- If your appeal is granted then your Resident LMHA will sign the form.
- If they have no appeal process, or they deny your appeal, and you wish to pursue the next steps, you must provide your respective Minor Regulation Coordinator with all the written documentation for this Player Movement request.
 - The fully completed (unsigned by your MHA) Player Movement Form.
 - Detailed rationale from the player/family outlining the reasons why they wish to move.
 - Written documentation from the player's Resident LMHA President stating that the MHA is not willing to sign the form.
 - Any correspondence that has taken place in regards to this movement issue.
 - A letter from the LMHA you are requesting to move to agreeing to accept this import player.
- Once all the proper documentation has been received, the Minor Regulation Coordinator will forward it to the Player Movement Review Committee (PMRC). The PMRC has pre-determined meeting dates, with meetings taking place every seven (7) days between August 15 and October 1.
- Any properly completed application that is submitted within the course of a week (Monday thru Sunday) will be reviewed and a decision will be rendered within the following seven (7) day period.

I.E. – If a properly completed application is submitted on a Wednesday, the PMRC will review the application and render a decision sometime between the following Monday and Friday.
- The PMRC will make a decision with regard to the movement request based on the Hockey Alberta Regulations and a decision letter will be emailed to the applicant and all other relevant parties.
- Once all of the steps noted above have been exhausted, and if you wish to pursue this further, you have the right to appeal the decision of the PMRC to Hockey Alberta in accordance with the Hockey Alberta Regulations. If you wish to access the HA appeal stage, please request a Notice to Appeal Form from your Minor Regulation Coordinator.



Date: _____

HOCKEY ALBERTA

Minor Hockey Player Movement Form

This form shall be completed, in its entirety, **by any player(s) who wishes to register in Minor Hockey with an MHA that is not his/her Resident LMHA**. The intent of this document is to track the application and approvals of player movement and to determine whether or not the player is to be classified as an "Import" within the accepting MHA. Please submit any additional information (i.e. - letters from MHA's), along with this application, that you wish.

-PLEASE PRINT-

Players Name / Contact Information:

Hockey ID#: _____ Date of Birth: _____ / _____ / _____ (mm/dd/yyyy)
Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____, AB _____ PC: _____
Legal Land Location: _____ Ph #: _____ Email: _____

Please State Reasons for Player Movement:

- ☐ I would like to **Try Out** for a AA Team
- ☐ There is **no Team** in my age Division in my Resident Association
- ☐ My Resident Association has a team but it is **FULL** (17 skaters, 2 goaltenders). **Goaltender?** ☐ YES ☐ NO
- ☐ My Resident Association and this **Association joined** together so we had enough for a team
- ☐ I would like to apply for **an Exception** to register in another MHA (if so, please provide a letter outlining reasons)

Parent/Guardian Name: _____ Signature: _____

Resident LMHA Information:

Resident MHA: _____ Last Team: _____
President's Name: _____ Signature: _____
Email: _____ Ph #: _____

Accepting MHA Information:

Accepting MHA: _____ Accepting Team: _____
President's Name: _____ Signature: _____
Email: _____ Ph #: _____

Zone Information (Circle the Applicable Zone): **1** **2** **3** **4** **5** **6** **7** **8** **9**

Resident LMHA Categorization for Player Movement (Circle the applicable Level):

Number of Registered Players in Resident LMHA and "Import" Numbers Player Carries					
AA	201-450	(Number to carry: 86)	C	66-100	(Number to carry: 20)
A	136-200	(Number to carry: 49)	D	65 and below	(Number to carry: 12)
B	101-135	(Number to carry: 32)	N/A	#'s Waived	(Number to carry: 0)

PLEASE TAKE THIS FORM WITH YOU TO THE NEW MHA, AND/OR HAVE YOUR RESIDENT LMHA UPLOAD THIS COMPLETED FORM TO THE HCR TRANSFER. THE APPROPRIATE ZONE WILL APPROVE OR DECLINE YOUR REQUEST IN THE HCR.

Please Note: Due to the fact some Forms have been submitted early in the season, the classification of said player may change; as per the Minor Regulation Committee's January Draw Meeting.