



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):** _____

Player's Name (print): _____

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

(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 ____/____/____ hereby declare that I/We have established our permanent
(dd) (mm) (yyyy)
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)

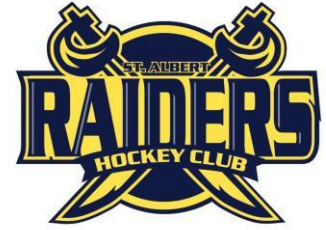
Date: ____ / ____ / ____
(dd) (mm) (yyyy)

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)



ELITE MALE NOTIFICATION OF TRY-OUT FORM

For Midget AAA, Minor Midget AAA and Bantam AAA only

This completed form must be presented to each team that the player is trying out for before she/he is eligible to participate in the try-out camp. It is understood by all parties that should the player be chosen as a member of the designated team, the Elite Team will notify the League and the player's Resident LMHA. If the player does not make the Elite Team, it is the player's responsibility to notify his/her Resident LMHA whether or not he/she is returning or accessing an additional try out.

PLAYER INFORMATION

Player Name: _____ Resident MHA: _____

Address: _____

Town/City: _____, AB Postal Code: _____

Phone #: _____ Email: _____

Player's D.O.B.: _____ / _____ / _____
Month Day Year

TRY-OUT INFORMATION

Level of Hockey: Midget AAA Minor Midget AAA Bantam AAA

First Try-Out: _____ Selected Cut
(Name of Team)

Second Try-Out: _____ Selected Cut
(Name of Team)

Third Try-Out: _____ Selected Cut
(Name of Team)

AUTHORIZATION SIGNATURES

Parent Name

Signature

Date

MHA President Name

Signature

Date