

2018/2019 REGISTRATION FORM TAYLOR MINOR HOCKEY ASSOCIATION BOX 738 TAYLOR BC VOC 2K0

REGISTRAR:

registrar@taylorminorhockey.com

PLEASE FILL IN ALL INFORMATION

PLAYER NAME:						
	FIRST			LAST		
BIRTHDATE:			MALE:	FEMALE:		
	MM/DD/YR		-			
ADDRESS:						
CITY:			POSTAL	CODE:		
			-			
MOTHER:						
			-	PHONE NUMBER		
FATHER:			<u>-</u> .			
				PHONE NUMBER		
EMAIL:	-		EMAIL:			
EMEDGENCY CONTACT:						
EMERGENCY CONTACT:	NAME			PHONE NUMBER		
			DUE AT			
		FEE	REGISTRATION	CASH/CHEQUE/EMT		
LEARN TO PLAY	2014	\$250.00	\$100.00			
PRE-NOVICE	2012/2013	\$300.00	\$100.00			
NOVICE	2010/2011	\$350.00	\$100.00			
ATOMS	2008/2009	\$425.00	\$100.00			
PEEWEE	2006/2007	\$425.00	\$100.00			
BANTAM	2004/2005	\$450.00	\$100.00			
MIDGET	2001/2002/2003 DUNTS:	\$450.00	\$100.00	NOTE		
1ST CHILD	FULL PRICE	FILL PRICE IS A	PLEASE NOTE: .WAYS THE HIGHEST REGISTRATION FEE			
2ND CHILD	10% OFF IF YOU HAVE MORE THAN ONE CHILD YOU STILL PAY					
3RD CHILD	15% OFF			THE DISCOUNT ONLY APPLIES		
4 OR MORE CHILDREN	20% OFF			R MORE CHILD(REN)		
IF YO	OU REGISTER BEFORE AUGUST 1 LL RECEIVE 10% OFF THE TOTAL	L, <mark>2018 AND</mark> PA	Y IN FULL BEFORE S	EPTEMBER 1, 2018		
If Fees are not paid in full	, \$100 deposit is required	at the time	of registration .	The \$100 fee is		
•	The state of the s		_	ed on the ice the first day of		
•	hat all admin fees are cove	•	•	•		
,		,				
The undersigned certifies the above information to	be true and in consideration of the granting of this	certificate to me with the	e privileges incident			
thereto, and by signing the Certificate, I have becor	ne subject to the rules, regulations and decisions of	hockey Canada it's , Brai	nches and Divisions. I			
AGREE TO ABIDE BY SUCH RULES, REGULATIONS, AN	ND DECISIONS OF HOCKEY CANADA, BRANCHES OR D	DIVISIONS. THE INFORMA	TION REQUESTED ABOVE IS REC	QUIRED BY HOCKEY		
CANADA TO FACILLITATE HOCKEY PROGRAMS ON E	BEHALF OF THE REGISTRANT AND HOCKEY CANADA.	HOCKEY CANADA WILL T	TREAT THIS INFORMATION IN A	CCORDANCE WITH		
HOCKEY CANADA PRIVICY POLICY AT ALL TIMES.						
DATE:	SIGNATU	RE OF PARENT	r/GAURDIAN:			



2018/2019 MEDICAL FORM TAYLOR MINOR HOCKEY ASSOCIATION BOX 738 TAYLOR BC VOC 2K0

REGISTRAR:

registrar@taylorminorhockey.com

PLEASE FILL IN ALL INFORMATION

PLAYER NAME:								
		FIRST				LAST		
BIRTHDATE:				CARE CARD#				
		MM/DD/YR		_				
EMERGENCY CONTACT:								
PRIOR TO A PL	AYER PARTIS	SIPATING IN A	A HOCKEY PR	OGRAM, ANY N	/IEDIACAL C	ONDITION O	R	
INJURY PROBLEM SHOU	JLD BE NOTE	D. MEDICAL	FORMS MUS	T BE COMPLETE	D PRIOR TO	ANY ON ICE	ACTIVITY.	
	PL	EASE CIRCL	E AND EXPL	AIN:				
MEDICAL ALERT BRACLET	YES	NO						
ALERGY TO MEDICATION	YES	NO	LIST:					
ALLERGY TO FOOD	YES	NO	LIST:					
ON MEDICATION	YES	NO	LIST:					
HISTORY OF CONCUSSION	YES	NO	DATE OF	LAST ONE:				
ASTHMATIC	YES	NO	HOSPITA	HOSPITALIZED IN THE LAST YEAR		YES	NO	
EPILEPTIC	YES	NO	INTERFERING HEALTH PROBLEMS			YES	NO	
DIABETIC	YES	NO	ILL LONGER THAN ONE WEEK IN LAST YEAR			YES	NO	
HEART CONDITION	YES	NO	SURGERY IN THE LAST YEAR			YES	NO	
LEARNING DIABILITY	YES	NO	EXPLAIN:					
HEARING DIFFICULTIES	YES	NO						
WEARS GLASSES	YES	NO	PI	RESENTLY INJURE	D	YES	NO	
WEARS CONTACTS	YES	NO	EXPLAIN:					
WEARS DENTAL APPLIANCE	YES	NO						
E	XPLANATIO	ON OF ANY I	MEDICAL IS	SUE NOT NOT	ED ABOVE	•		
LUNDEDCTAND THA IT IS ANY D	ECDONICIDII TV T	O KEED THE TEA	NA CAFETY DEDGG	2AL A D. ((CED. OF A A)	/ CLIANICES IN	THE A DOME INTO	ODNAATION AC	
I UNDERSTAND THA IT IS MY R SOON AS POSIBLE. IN THE EVE								
ANYONE ACTING ON BEHALF						•		
NECESSARY. I HEREBY AUTHO					•			
TREATMENT OF CHILD WRITTEN ABOVE. I ALSO AUTHORIZE RELEASE OF INFORMATION TO APPROPRIATE PEOPLE (COACH, PHYSICIAN) AS DEEMED NECESSARY.								
DATE:		SIGNATUI	RE OF PARENT	/GAURDIAN:				
		=		-				



DATE:

2018/2019 PARENT INFO FORM TAYLOR MINOR HOCKEY ASSOCIATION BOX 738 TAYLOR BC VOC 2K0

REGISTRAR:

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	PARENTS PLEASE READ AND SIGN		
	RESPECT IN SPORT:		
INITIAL	ONE PARENT, OF EVERY PLAYER IS REQUIRED TO HAVE THE RESPECT IN SPORT (RIS)		
	ACHES PROGRAM PRIOR TO OCTOBER 1, 2018. PER BC HOCKEY, THERE IS NOW A 4 YEAR EXPIRY		
OR SPEAK OUT O	COURSES. TO COMPLETE THE COURSE PLEASE VISIT HTTPS://BCHOCKEYPARENT.RESPECTGROUPINC		
	HTTPS://BCHOCKEYPARENT.RESPECTGROUPINC.COM		
	CODE OF CONDUCT/FAIR PLAY:		
INITIAL ALL	PARENTS AND PLAYERS ARE REQUIRED TO READ, AGREE AND ABIDE TO TAYLOR MINOR HOCKEY		
ASSOCIATION'S CODE OF CONDUCT. COACHES AND VOLUNTEERS ARE ALSO TO READ, AGREE AND			
	TAYLOR MINOR HOCKET ASSOCIATION'S COACHES CODE OF CONDUCT		
	TMHA POLICY AND PROCEDURES AND CONSTITION:		
INITIAL	ARE AVAILABLE ONLINE ON OUR WEBSITE www.taylorminorhockey.com		
AS A PARENT	YOU ARE ASKED TO READ AND REVIEW THE POLICIES AND ADHERE BY ALL THE RULES SET OUT		
	IN THESE POLICIES.		
	PHOTO RELEASE:		
INITIAL	IF FOR ANY REASONS YOUR CHILD'S PHOTOGRAPH CANNOT BE TAKEN OR PUBLISHED		
	PLEASE CONTACT TMHA EXECUTIVE TO DISCUSS		
	JERSEYS:		
INITIAL TN	IHA WILL SUPPLY EACH TEAM WITH A FULL SET OF JERSEYS FOR THE SEASON. PLAYER'S JERSEYS		
ARE TO BE RET	URNED AFTER EACH GAME AND TOURNAMENT TO THE TEAM APPOINTED JERSEY PARENT, AND		
TO TMHA AT	THE END OF EACH SEASON. FAILURE TO DO SO MAY RESULT IN A FEE TO THE PARENT/PLAYER		
	FOR REPLACEMENT COSTS OF THE JERSEY		
	<u>FUNDRAISING:</u>		
INITIAL	PARENTS OF PLAYERS REGISTERED WITH TMHA ARE REQUIRED TO PARTAKE IN ALL TMHA		
FUNDRAISING	ACTIVITES IN ORDER TO REMAIN IN GOOD STANDINGS WITH THE ASSOCIATION. FUNDS RAISED		
BY PA	RENTS AND THE ASSOCIATION HELP OFFSET THE COST OF HIGHER REGISTRATION FEES.		
	FOR REPLACEMENT COSTS OF THE JERSEY		
1	, THE LEGAL GAURDIAN OF,		
PARE	NT NAME PLAYER NAME		
HAVE READ AN	D UNDERSTAND THE ABOVE REQUIREMENTS FOR REGISTRATION WITH TAYLOR MINOR HOCKEY		

ASSOCIATION AND AGREE TO ABIDE BY THESE REQUIREMENTS IN ORDER FOR MY CHILD TO PLAY.

SIGNATURE OF PARENT/GAURDIAN: