2017-2018
VIKING MINOR HOCKEY ASSOCIATION REGISTRATION

REGISTERING FOR: (circle one)

INITIATION NOVICE ATOM PEEWEE BANTAM MIDGET M ☐ F ☐

_____ _____ _____
PLAYERS LAST NAME PLAYERS FIRST NAME MIDDLE INITIAL

_____ _____ _____
MAILING ADDRESS PHONE # CELL PHONE #

_____
PHYSICAL ADDRESS- STREET/COUNTY ADDRESS OR LEGAL LAND DESCRIPTION-**MUST BE COMPLETED**

_____
EMAIL ADRESS- **THIS MUST BE COMPLETED WITH AT LEAST ONE EMAIL ADDRESS**

ALBERTA HEALTH CARE #_____ DATE OF BIRTH_____

_____ _____
FATHER'F FULL NAME MOTHER'S FULL NAME

_____ _____
LAST PLACE REGISTERED DIVISION/LEVEL

COACH INFORMATION

I_____ am interested in coaching the following age group (circle below)

INITIATION NOVICE ATOM PEEWEE BANTAM MIDGET M ☐ F ☐

Coaching Certificates: Coach Level ☐ Intermediate Level ☐ Safety/Speak Out ☐

**All coaches, assistant coaches and managers require a criminal record check

By signing this form, all parents/guardians or registered players are acknowledging that they will abide by Hockey Canada Fair Play Code for Parents. Disciplinary action may be taken by Viking Minor Hockey if you or your spouse are not following the code.

PARENT(S) NAME:_____DATE:_____

SIGNATURES:

PARENT #1:_____PARENT#2_____