



# 2026 PLAYER REQUEST FORM TO ATTEND T1 HOST TRYOUTS

## PART 1 of 3 - INFORMATION SECTION

Please consult the chart below for instructions (and if needed) submit PAGE 2 of this request form along with fee to the applicable host by the **DEADLINE OF: JULY 31ST, 2026.**  
Any applications received afterwards will be accepted at the discretion of each T1 Host with approval from your home MHA.

**COST: \$175.00** Tryout Fee **\*NSF Charges as per the T1 Host MHA**

**ALL PLAYERS MUST BE REGISTERED WITH THEIR HOME MHA FIRST IN ORDER TO PARTICIPATE IN T1 HOST TRYOUTS**

| INTERESTED PLAYERS FROM:   | USE THIS FORM? | WHO TO REGISTER WITH   |
|--|----------------|--|
| ALBERNI VALLEY, OCEANSIDE, COWICHAN VALLEY & LAKE COWICHAN MHA'S | YES            | <b>Mid Island Host is Nanaimo MHA:</b><br>Send emailed forms and e-transfers to <a href="mailto:administrator@hockeynanaimo.com">administrator@hockeynanaimo.com</a><br>Phone # 250-754-5010   |
| NANAIMO MHA  | NO             | As home players please use NMHA's regular registration process   |
| SOOKE & KERRY PARK MHA'S   | YES            | <b>CRD West Host is Juan de Fuca MHA:</b><br>Mail or drop off payment to 1767 Island Hwy, Victoria V9B 1J1 or email forms and e-transfer to <a href="mailto:payments@jdfminorhockey.com">payments@jdfminorhockey.com</a><br>Questions can be directed to <a href="mailto:office@jdfminorhockey.com">office@jdfminorhockey.com</a><br>Phone# 250-661-8546 |
| JUAN DE FUCA MHA   | NO             | As home players please use JDFMHA's regular registration process   |
| POWELL RIVER MHA   | YES            | <b>Host is the North Island Bears Program</b><br>*Comox will collect interested Powell River player forms.<br>Mail to Comox Valley MHA PO Box 3226, Courtenay, BC V9N 5N4<br>Also accepting emailed forms and e-transfers to <a href="mailto:comoxvalleymha@gmail.com">comoxvalleymha@gmail.com</a> Phone: 250-702-5259                                  |
| COMOX VALLEY MHA   | YES            | <b>Host is the North Island Bears Program</b><br>Please use CVMHA's regular registration process for payment <b>but still email</b> this form to <a href="mailto:comoxvalleymha@gmail.com">comoxvalleymha@gmail.com</a> Phone: 250-702-5259  |
| TRI-PORT & GOLD RIVER MHA'S                                      | YES            | <b>Host is the North Island Bears Program</b><br>*Campbell River will be collecting forms. Email forms and e-transfers to <a href="mailto:info@crmha.ca">info@crmha.ca</a> Phone: 250-204-6767   |
| CAMPBELL RIVER MHA   | YES            | <b>Host is the North Island Bears Program</b><br>Please use CRMHA's regular registration process for payment <b>but still email</b> this form to <a href="mailto:info@crmha.ca">info@crmha.ca</a>  |
| PENINSULA MHA  | YES            | <b>CRD East Host is Victoria Racquet Club MHA:</b><br>Send form <a href="mailto:vrcregistrar@gmail.com">vrcregistrar@gmail.com</a> etransfer fee to <a href="mailto:vrcmhatreasurer@gmail.com">vrcmhatreasurer@gmail.com</a>   |
| VICTORIA RACQUET CLUB MHA  | NO             | As home players please use VRCMHA's regular registration process   |
| VICTORIA MHA   | NO             | As home players please use VMHA's regular registration procedure   |
| CAPITAL REGION FEMALE MHA  | NO             | N/A  |

**WHEN & WHERE:** Stay in contact with the host you register with for the time & dates of ID & Evaluation Camps.  
*\*North Island tryout locations and which MHA will host which teams will be determined by the NI Bears Committee after the registration deadline*



**PART 2 of 3 - PLAYER REGISTRATION SECTION**  
*This section must be completed by the Player, Parent/Guardian*

Players Name: \_\_\_\_\_ Date of Birth: DD: \_\_\_\_\_ MM: \_\_\_\_\_ YYYY: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Parent Email/s: \_\_\_\_\_

Parent Phone #/s: \_\_\_\_\_

My **Home** Minor Hockey Association (where I reside) is: \_\_\_\_\_

**I am requesting to attend the following T1 Host Tryouts: (Tick one only)**

*\*Refer to chart on Page 1 if needed:*

| <b>NORTH ISLAND BEARS</b><br>(Team Hosts – TBA) | <b>MID-ISLAND</b><br>(Host - Nanaimo MHA) | <b>CRD West</b><br>(Host - JDF MHA) | <b>CRD East</b><br>(Host – VRC MHA) | <b>CRD Mid</b><br><i>Victoria<br/>Players register with<br/>Victoria MHA.</i> |
|---|---|-------------------------------------|-------------------------------------|---|
| U18 <input type="checkbox"/>                    | U18 <input type="checkbox"/>              | U18 <input type="checkbox"/>        | U18 <input type="checkbox"/>        |   |
| U15 <input type="checkbox"/>                    | U15 <input type="checkbox"/>              | U15 <input type="checkbox"/>        | U15 <input type="checkbox"/>        |   |
| U13 <input type="checkbox"/>                    | U13 <input type="checkbox"/>              | U13 <input type="checkbox"/>        | U13 <input type="checkbox"/>        |   |

Team and Division Last Season: \_\_\_\_\_

Preferred Position: \_\_\_\_\_ Shoot: Right  Left

Allergies or medical conditions that staff need to be aware of: None (circle) or \_\_\_\_\_

**If a player is not successful in making a T1 MHA Host Team they will need to return to their home MHA.**  
**ALL PLAYERS MUST BE REGISTERED WITH THEIR HOME MHA FIRST IN ORDER TO PARTICIPATE IN A T1 HOST TRY OUTS**

**PART 3 of 3 - PARENT CONSENT SECTION**  
*This section must be completed by the Parent/Guardian*

Parent or Guardian(s) Name: \_\_\_\_\_

Contact Info: (if different from players info): \_\_\_\_\_

Permission from Parent or Guardian:

By my signature, I give permission for my child to participate in T1 evaluations. I also understand that should my child not be successful in making the T1 Host Team, they will be returned to their home MHA. Should my child be selected to a T1 team, I agree to the transfer of his/her Hockey Canada profile to the team host for the season.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**MHAs are unable to accept nor transfer players with incomplete requests**

|                                     |                       |
|-------------------------------------|-----------------------|
| <b>FOR T1 HOST OFFICE USE ONLY:</b> |                       |
| DATE RECEIVED _____                 | PAYMENT STATUS: _____ |