



2025 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, 2025**.
Any applications received afterwards will be accepted at the discretion of each T1 Host with approval of 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	Mid Island Host is Nanaimo MHA: Send emailed forms and e-transfers to administrator@hockeynanaimo.com Phone # 250-754-5010
NANAIMO MHA	NO	As home players please use NMHA's regular registration process
SOOKE & KERRY PARK MHA'S	YES	CRD West Host is Juan de Fuca MHA: Mail or drop off payment to 1767 Island Hwy, Victoria V9B 1J1 or email forms and e-transfer to payments@jdfminorhockey.com Questions can be directed to office@jdfminorhockey.com Phone# 250-661-8546
JUAN DE FUCA MHA	NO	As home players please use JDFMHA's regular registration process
POWELL RIVER MHA	YES	Host is the North Island Bears Program *Comox will collect interested Powell River player forms. Mail to Comox Valley MHA PO Box 3226, Courtenay, BC V9N 5N4 Also accepting emailed forms and e-transfers to comoxvalleymha@gmail.com Phone: 250-702-5259
COMOX VALLEY MHA	NO	Host is the North Island Bears Program Comox players please use the regular Comox Valley MHA's registration process
TRI-PORT & GOLD RIVER MHA'S	YES	Host is the North Island Bears Program *Campbell River will be collecting forms. Email forms and e-transfers to info@crmha.ca Phone: 250-204-6767
CAMPBELL RIVER MHA	YES	Host is the North Island Bears Program Please use CRMHA's regular registration process for payment but still email this form to info@crmha.ca
PENINSULA MHA	YES	CRD East Host is Victoria Racquet Club MHA: Send form vrcmharegistrar@gmail.com etransfer fee to vrcmhatreasurer@gmail.com
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:*

NORTH ISLAND BEARS (Team Hosts – TBA)	MID-ISLAND (Host - Nanaimo MHA)	CRD West (Host - JDF MHA)	CRD East (Host – VRC MHA)	CRD Mid Victoria Players register with Victoria MHA.
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

FOR T1 HOST OFFICE USE ONLY:

DATE RECEIVED _____ PAYMENT STATUS: _____