



Vancouver Island Amateur Hockey Association

2301-E McCullough Road Nanaimo BC V9S 4M9

info@viaha.org www.viaha.org

Ph: 250-751-8811 Fax: 250-751-8812

Female NORTH/MID—Regional Camp—Player Registration 2025

REGISTRATION DEADLINE IS JUNE 30, 2025 *REGISTER BY MAY 15 AND SAVE \$25

NOTE: *For player registrations to be fully processed VIAHA must receive pages 1 & 2 with all four (4) parts complete. This includes all the required signatures and the registration fee. **COST:** 125.00 if payment is received by May 15th or \$150.00 after this date.

PART 1 of 4—PLAYER INFORMATION SECTION

This section must be completed by the Player, Parent/Guardian

Players Name: _____ Date of Birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Email: _____

Phone: _____

I am currently registered with _____ Minor Hockey Association.

***Players must be registered for the season ahead with their home MHA to be eligible to try out.**

I am applying to attend the following Regional Tryout Camp: (Select One)

NOTES: *Due to an increase in competitive registrations, VIAHA is considering offering both Mid-Island & North-Island Impact teams.

*Mid-Island draw zone: Kerry Park, Cowichan Valley, Nanaimo, Parksville, Port Alberni

*North Island draw zone: Comox Valley, Powell River, Campbell River, North Island

U18 A ☐

U15 A ☐

U13 A ☐

*Both Mid AND North Island teams will be declared ONLY if registration numbers can support both teams. A decision on this will be announced in the last week of July.

Team & Division Last Season: _____

Preferred position: _____ Shoots: Right ☐ Left ☐

Allergies or medical conditions: _____

PART 2 of 4—PARENT INFORMATION SECTION

This section must be completed by the Parent/Guardian

Parent 1 Name: _____ Email: _____

Work #: _____ Cell #: _____

Parent 2 Name: _____ Email: _____

Work #: _____ Cell #: _____

Emergency contact (other than parents):

(Name and relationship to player)

(Phone Number)

Permission from parent or guardian: By my signature, I give permission for my daughter to participate in the VIAHA Regional Female Hockey evaluations.

(Parent/Guardians Signature)

(Date)

Application continues next page



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PART 3 of 4—HOME MHA PERMISSION SECTION

This section must be completed by your MHA.

_____ has registered as a player for the 2025-2026 season with

(Printed Player's Name)

(Name of current Minor Hockey Association)

The above Minor Hockey Association deems it permissible that the player registers for tryouts with the following Female Regional Team, (select one). It is also understood that if they are successful at making the team a residential waiver request will be required at that time.

U18 A ☐

U15 A ☐

U13 A ☐

↓VIAHA will only accept signed permission from the MHA's Registrar, Female Coordinator, President or VP in charge↓

Name of MHA Authority:_____ Position with MHA:_____

(Printed)

Signature:_____ Date Signed:_____

(Authorities Signature)

*Players must be registered for the season ahead with their home MHA to be eligible for tryout.

PART 4 of 4—PARENT PHOTO/VIDEO PERMISSION SECTION

This section must be completed by the Player, Parent/Guardian

I grant to VIAHA the right to take photographs and videos of my child in connection with the Female Regional Hockey. I authorize VIAHA, its assignors and transferees to copyright, use and publish the same in print and/or electronically.

I agree that VIAHA may use such photographs and videos of our child with or without their name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and web content.

As Parent/Guardian I have read and understand the above:

Printed Name

Signature

Date:_____

REGISTRATION DEADLINE: June 30, 2025 ***REGISTER BY MAY 15 AND SAVE \$25**

COST: \$125.00 if received by May 15th or \$150.00 for any registrations received after this ~ Cheque or Money Orders made payable to:

"Vancouver Island Amateur Hockey Association" ***NSF Charge is \$30.00*** E-transfers will be accepted after March 31st to info@viaha.org

Please mention players' name within transfer message section

MAIL: If not registering electronically, fee with your completed registration form to VIAHA 2301-E McCullough Road, Nanaimo, BC, V9S 4M9

WHEN: *Evaluation Camps will begin on the weekend of August 16-17, 2025, with the 2nd weekend to follow directly after.

*Closer to the date, watch the VIAHA Website (www.viaha.org) for times and locations. Those already registered will receive a reminder email.

REFUND POLICY 3.07: Requests received 30 days prior to the camp will upon approval of the VIAHA Officers be entitled to receive a 50% refund.

Requests within 30 days **shall not** be entitled to a refund. ***Players carded to the Female AAA Team will receive a full refund.**

VIAHA is unable to prepare or provide for players with incomplete registration packages

FOR OFFICE USE ONLY

DATE RECEIVED:_____ PAYMENT STATUS:_____