Knowledgeable Parent Able to Evaluate: \_\_\_Yes \_\_\_No Town of DV\_\_\_\_ Brazeau \_\_\_\_\_ Other \_\_\_\_

# Drayton Valley Minor Hockey Association

P.O. Box 5408

Drayton Valley, Alberta Canada, T7A 1R5 [www.draytonvalleyhockey.com](http://www.draytonvalley/)

## Registration 2019 – 2020

## For Members Trying Out for AA or AAA hockey only

*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Last) (First) (Middle) (MM-DD-YY)*

*Preferred Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shoots: Left or Right (circle one)*

*Gender: M or F (circle one) Alberta Health Care #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Telephone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Parents Name & Cell #: Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Father:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Legal Land Description (ie SW-29-35-5)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Emergency Contact & # (other than parent):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Check**  **One** | **Division** | **Date of Birth** | **Early Bird Fees**  **(until June 20**  **Spring AGM )** | **Registration Fees**  **(after June 20)** |
|  | **Peewee** | 2007-2008 | $650.00 | $800.00 |
|  | **Bantam** | 2005-2006 | $700.00 | $850.00 |
|  | **Midget** | 2002-2003-2004 | $700.00 | $850.00 |

Fund Raising cheque to be dated November 15, 2019 for $150.00 per child, up to 2 children.

*I/We the parent/guardian of the above named registrant do hereby certify that the above information pertaining to the player is true and accurate and I/We do hereby give our approval for his/her participation in any or all minor hockey activities during the current program. Additionally, I/We do hereby agree to assist the Association upon request.*

*Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*