

NON FSJMHA MEMBER U13 TRYOUT REGISTRATION & CREDIT CARD AUTHORIZATION
office@fsjminorhockey.ca

Players released from U13 Tier 2 will automatically be registered with the U13 Tier 3 team if there are enough players and goaltenders.

Player Information

First Name _____ Last Name _____

Address _____ City or Town _____

Postal Code _____ Date of Birth (MM/DD/YYYY) _____

Mother Name, Cell and Email: _____

Father Name, Cell and Email: _____

Home MHA _____ MHA registered with the previous season _____

MANDATORY INFORMATION-must be completed (If you play more than one position please check all that apply to you)

Right Defence Left Defence Right Wing Left Wing Centre Shoots Right Left Goaltender

Height (ft. – inches) _____ Weight (pounds) _____

MEDICAL INFORMATION – must be completed

Care Card Number _____ Family Dr _____
(Mandatory)

History of Concussion, if so dates: _____

Medic alert Bracelet: Yes No Allergies: _____

List any medications currently prescribed: _____

Any Surgery in past year: Yes No Presently Injured: Yes No

Explain: _____

Check any of the following: Asthmatic Epileptic Diabetic Heart Condition Glasses Contacts

Dental Appliance Hearing Difficulties Learning Disability

Any further Medial Issues not noted above: _____

I understand it is my responsibility to keep HCSP advised of any changes in above information ASAP. In the event of a medical or dental emergency and no one can be contacted, anyone acting on behalf of FSJMA will arrange to take my child to hospital or physician if deemed necessary. I hereby authorize physician or nursing staff to undertake examination, investigation and necessary treatment of child as written above. I also authorize release of information to appropriate people if deemed necessary.

Parent or Guardian Signature: _____ Date: _____

INFORMATION FOR NON FSJMHA MEMBERS ONLY – members must be registered with their home MHA

- **TRYOUT FEE payment:** Fill out CC authorization form below.

I, _____ hereby authorize FSJMHA to bill my

Visa or MasterCard \$150.00 for tryout fees. (Must be paid prior to tryouts)

Credit Card Number: _____

Expiry Date: _____

Three numbers on back of card: _____

Signature of Cardholder: _____

Contact # of Cardholder: _____

Any further questions or information required please email: office@fsjminorhockey.ca or check our website www.fsjminorhockey.ca