

LMHA Registration Form

Mailing Address - #4 5202-12 Street

Lloydminster, AB T9V 0W1

Phone (780) 872-0525 Fax (780)875-4426

Email: admin@lloydminsterminorhockey.com

Website: <http://lloydminsterminorhockey.com/>

Online Registration Site: <https://www.rampinteractive.com/registration/v3/?c=2f808839ea41>



Registrant & Primary Contact Info		Mother/Gaurdian (if different)	Father/Guardian (If different)
Name			
Address			
Legal Land Location			
City			
Postal Code			
Home #			
Cell #			
Work#			
Email			
Gender:	DOB:	Health Card#	

New Player: YES NO	Division:	Postion:
Previous Team:		

Please circle if applicable

Trying out for AAA: YES NO	Playing in Female Division: YES NO
Would you be willing to coach a team: YES NO	Have you taken the Respect in Sport Parent: YES NO

Emergency Contact Information	
Name:	Phone #:

By signing this document I agree to abide by the rules and regulations and decisions and all duly approved amendments there to of Hockey Canada, it's Board of Directoes, it Branches and/or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. Futher, the informatyion requested aboce is required by Hockey Canada to facilitate hockey programs on behalf of the registrantand Hockey Canada. Hockey Candas will treat this personal information with the utmost respect and in accordance with the Hockey Canada Privacy Policy at all times. All registrations are subject to review by the Registrar and no registration will be approved until all fees are paid and required documentation is received.

Parents Name (please print):
Parents Signature:
Date:

FOR OFFICE USE ONLY

Documents Required: **Player is not fully Registered until all documents are received.**

Birth Certificate	Parent Declaration	FOIP	Drivers License	Utility Bill
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DIVISION	AMOUNT	DATE	TYPE of PAYMENT
			CASH CHEQUE VISA,M/C
			RECIEPT#