

MMHA Referee Registration Form
2019-2020



Name: Last: _____ First: _____

Male _____ Female _____ Age _____

Date of birth: day _____ month _____ year _____

Phone Number home _____ cell _____

Email Address _____

Mailing Address: _____

Parents' Names _____

Have you refereed before? _____ yes _____ no Number of Years _____

Current Certification Level _____

Have you ever played hockey before? _____ yes _____ no

Level of hockey played _____

Sask Health Card Number _____

Check any medical conditions or disabilities: _____ Asthma _____ Diabetes _____ Seizures

_____ Blackouts _____ Headaches or Migraines _____ Contact Lenses _____ Glasses

List any allergies or regular medications _____

Emergency Contact _____ Phone Number _____