

MMHA Referee Registration Form  
2024-2025



Name: Last: \_\_\_\_\_ First: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ \*\*Must be 10 years of age before Jan. 1/25  
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 \_\_\_\_\_